



## THERAPEUTIC HINTS

of

DR. MAHENDRALAL SIRCAR, M.D., D.L., C.I.E.

BY

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This little volume written in the nature of a compendium of the unique success of Dr Sircar, seeks to explain the miracles that can be achieved by Homœopathy. The wonderful performances of Dr. Sircar, which were nothing short of miracles, prove beyond doubt the outstanding efficacy of Hahnemann's Homœopathy. And the young aspirant would do well to go through this book, if he wants to be inspired or enlightened. Any doctor who professes to be an Homœopath must have the seeing eye of a scientist and the feeling heart of a poet. And a very fine attempt has been made in this compendium to reveal this fact to the students of this highly subtle system. It is to be always borne in mind that there are only sick people and not diseases and the Homœopath who wants to treat his patient with any moment of confidence must needs be intuitively sympathetic. The sole aim of the work in view is to impress this fact on all who are interested in Homœopathy. A patient perusal of it will no doubt, convince the reader of its purpose. And that is, I believe, an ample reward for the author as well as the publisher.

6, Rajibganj Street )  
Calcutta )

A. N. MUKHERJEE

## PREFACE TO THE SECOND EDITION

The high regard in which the first edition has been held has encouraged us to bring out this Second Edition at the shortest time possible. A survey of all sorts of goods is the only means by which the buyer of goods can be properly educated. But in our present day, the time of a single family's preparation of their own household's dinner, the price of the food is no longer considered although the cost of preparing the food is the only method.

THE EDITOR

HANSMANN PUBLISHING CO.

## PREFACE TO THE THIRD EDITION

It is a pleasure to see the book in its third edition. The book has been a success in the market. It is a book of practical value to the reader. It is a book of practical value to the reader. It is a book of practical value to the reader.

THE EDITOR

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# DR. SIRCAR'S THERAPEUTIC HINTS

A Case of Mental Disease and Convulsions brought  
on by sitting in Spiritual Circles

Babu C L P. thought it his duty to inquire into the truth of spiritualism. He accordingly began sitting in spiritual circles in July or August, 1867, and continued to do so for some months. While in these circles he used to get convulsions or shocks in the upper and lower extremities. These gradually became more and more threatening, till after the lapse of 4 months, they settled down into a serious disorder, of which the chief symptoms were the following—

He received nervous shocks during prayer and sleep at night, and sometimes also at other hours, in the hands and legs. He felt great heat the head. Peace of mind forsook him. He heard distinct voices speaking from within and near him in his language. He felt much distress. A European friend of his





he was surrounded there, nor the beautiful natural scenery in the midst of which he resided, availed him anything to soothe his troubled spirit, and relieve the pangs and the agonies which were tormenting him. After 3 weeks' residence at Monghyr he returned to Calcutta.

From the time of his return to Calcutta to the end of August he was sometimes under native, sometimes under English treatment. During this time his disease raged fearfully. The nervous shocks convulsed him frightfully. Vicious abominable thoughts, chiefly of a lustful character, troubled him continually. Sometimes the workings of his mind were of a ludicrous, sometimes of a grave nature. Sometimes he would laugh, and sometimes cry, against his will. He experienced sensations of various kinds, creeping, warm, throbbing, shifting, running, encircling, and such like. These sensations were felt in all parts of his body. Visions and apparitions of persons living and dead troubled him greatly. All hopes of his recovery were given up. Nothing was left to him but to die. He died on the 10th of September 1844.



a curious phenomenon for which we had often to suffer, that though it is at the last moment that Homœopathy is had recourse to, she is always blamed for the unfavourable termination which is inevitable and indeed at the prospect of which her aid is sought. These considerations did not, however, deter us from undertaking the treatment of our friend.

We gave him no medicine on the day we first visited him. We took time to study his case. On the following day we prescribed *Zinc. mat.* 6, as very nearly covering his mental state and his physical disturbances. The very first dose had a most remarkable effect. The dose was given at about 8 in the morning, and at 9 sleep, which seemed to have forsaken him came over and spread balm over his troubled spirit. He had enjoyed it for about an hour or a little upwards, when he was awakened by a noise. Nevertheless, though thus disturbed he felt considerably relieved and refreshed. In the course of two or three days, the nervous shocks were a great deal subdued. In the course of a week he could go out to a neighbouring friend. The first sign of real improvement in the mind which he perceived was, he tells us, rise of a desire to sing hymns which was his wont in health.

After the lapse of a week from the commencement of treatment, an inflammatory blush was visible on the skin a little below the middle of the right clavicle. There was pain on pressure, and in the course of two or three days, the part became swollen. There was some feverishness associated with it, which was subdued by a few doses of *Aconite*. The swelling not subsiding, we prescribed *Heper sulph.* 6, which brought it a head in a day or two. We opened it and found it deep-seated, beneath the *pectoralis*. The wound healed in about a week. It is remarkable that the nervous shocks greatly subsided, coincident with the first appearance of the swelling, and they well-nigh disappeared after the healing up of the abscess.

Thus in the course of a month our patient was so far himself again as to be able to write long letters about his illness to his friends. Since then he was steadily improved and can now be safely pronounced to be all right. He only occasionally suffers from abnormal sensations, and from his old biliousness, but these are easily dissipated, the former by a dose or two of *Zincum*, and the latter by similar doses of *Nux vomica*. There was this thing remarkable in the treatment of this case, which we have often observed also



in the treatment of other chronic complaints, namely, that we had to intermit our remedies and we had to change their dilutions. We had to go higher and higher till we reached the 200th, and we have now descended to the 6th which we find useful again.

### Remarks

This case is peculiarly interesting in many respects. In the first place, though it does not throw any light on "Spiritualism", a great topic of the day, it shows at least one thing, viz.—that what is called a spiritual circle, formed by several individuals sitting round a table with the hands of each individual being in contact with those of his neighbours, and with their attention directed towards one object, is an arrangement, which whatever might be its 'spiritual' effects, does produce appreciable physical effects, more or less felt by all the members of the circle, but especially by one or two of delicate fibre and peculiar nervous susceptibility. I have known several individuals who have received shocks while sitting in the circle, and I have known a few who have suffered much in health, from continuing the experiment for sometime and I have known one who, after long-continued illness traceable to this cause, at last fell a victim to it. I am almost sure our friends' fate would have been the same had it not been for the intervention of Homoeopathy. What is the cause of this influence for the reception of shocks while in the spiritual circle is



suspicion", till at last faith was established upon conviction forced by the remarkable efficacy of the medicines.

We cannot avoid taking this opportunity to draw attention to the especial, inestimable value of Homoeopathy in mental disorders. A grand distinguishing characteristic of the system, one which shows its founder to have been a profound observer and a genuine discoverer is, that it takes notice of the influence which drugs exert upon the functions of the mind. Homoeopathy thus practically recognizes a physical basis for psychical diseases, and it has been eminently successful in their treatment.

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### A Case of Mental Disease

A boy was brought to me on the 25th April 1869 with the following symptoms. Costiveness, no stool for 8 days, disposed to drowsiness, has not spoken a word for 5 days. Suspecting all this was probably due to the action of opium which the boy might have taken in some shape or other I prescribed Nux. v. 6

26th April Had a stool this morning and seems to be more active

In a day or two he became all right. He remained well till the 10th May

11th May As bad as when he was first brought to me. The bowels were not constipated

no time, but he would not utter a word. I could not satisfactorily trace the cause of the relapse. All that I could gather from the guardian was that he had been long in the sun yesterday, & very late. I therefore prescribed Carb. v. 30.

15th—No change for the better. I resumed *sax. c.* which had done so much good.

15th—No better. Camphor three times a day.

16th—No signs of improvement. He remains quite dumb and apathetic. Great difficulty in making him eat. Puls. 6 thrice daily.

17th—Seems more rational.

In a day or two he was all right and has continued so. Has become a voracious eater.

### Remarks

This case speaks for itself. Homoeopathy has proved as much a boon to the unfortunate sufferers from diseases of the mind as the non-restraint system introduced by the great Pinel.

### A Case of Rheumatism

10th August 1869—Babu M. Chakravarti, aged 48 was under Allopathic treatment for 12 days for rheumatism. Iodide of Potassium was given to the extent of 60 grs. a day, but without any perceptible impression upon the disease. I

following were the prominent symptoms when he placed himself under Homoeopathic treatment: Considerable inflammatory swelling of the knee, ankle, elbow and wrist joints, and of some of the small joints of the feet and hands, great pain fever, sleeplessness, obstinate constipation, and inability to move. Bryo 3,  $\frac{1}{2}$  drop thrice daily.

11th—No change Lach. 6,  $\frac{1}{2}$  drop thrice daily

12th—Had one clear stool yester-afternoon, after which he felt considerably relieved. Swelling reduced to nearly half Lach. only one dose.

In the evening pain and swelling much less; fever very slight, able to walk with the help of a stick

13th—Slept well last night. Swelling and pain of right leg and left hand have disappeared. Lach  $\frac{1}{2}$  drop only once Much better in the evening, pain in the left leg less, no fever

14th—Had eaten more food than he could digest last night, in consequence of which he felt somewhat uneasy in stomach in the morning, which disappeared by evening Had only one dose of medicine One clear stool slept well, no fever

15th—Very slight pain in the toe and two fingers of the right hand. Lach. one dose One

stool; quite easy in the evening; no fever; slept well.

16th—Doing well. No medicine.

17th—To prevent a relapse and to complete the cure as it is called, a dose of Sulph. 12 was given in the morning. Unfortunately a false step was made in the afternoon in consequence of which the right foot was sprained, which swelled a little and became painful. There was slight fever in the night.

18th—Rhus Tox. 3 to be taken thrice. Rhus lotion to be applied to the painful part. By evening the pain was less, and there was no fever.

19th—Rhus twice internally; the lotion was repeated.

20th—for the slight pain remaining *Lach.* was resumed and continued till the 24th, after which he was quite well.

### A Case of Infantile Convulsion

(Reported by an L. M. S.)

A child aged 1 year 9 months had malarious fever in the month of October 1868, in the district of Bedford. Since then he used to have fever at intervals, but he had never undergone any systematic treatment for the same except occasional doses of *China* and *Quinine* or Homœopathic remedies.

when the fever used to be rather severe. About a fortnight previous to the present occurrence the fever became rather obstinate and at this time a slight enlargement of liver was noticed. About this time he had looseness of bowels too and used to pass from 6 to 9 stools a day, the stools becoming more numerous and urgent during the night; and he was ordered to have Arn. 6. This was continued 3 or 4 days and the looseness and fever abated a good deal, but owing to some irregularity in diet the child had again had the fever on the 19th August 1869, the fever was rather of a continued type and he was ordered to have Silica 6.

21st August—The heat of skin rather great, pulse full, has got cough—no medicine

22nd—No abatement of symptoms, Aconite 6.

23rd—The fever symptoms and cough much the same but they began to increase in severity till at 4 P. M. it was observed that the skin of the child was very hot, pulse 180, tongue coated, abdomen bloated, occasional starting and tremors of the hands, lying in a state of half-drowsiness, bowels not moved since the morning. Dr Sircar was immediately sent for and in the meantime the child had Bell 6

At 6 P. M., the child had convulsion attended

with foaming at the mouth; at this time he passed a large liquid stool about 10 to 12 ozs.

Dr. Sitar arrived at 7 P.M. and found the child insensible, with full bounding pulse, hoarse breathing and congestion of the lungs; ordered Bryon 6 every half hour for three doses.

At 10 P.M. had another convulsion, and the child's feet were placed in warm water and cold applied to the head for about 3-fourth of an hour; the fit lasted for nearly half an hour, and the child became more sensible.

24th Aug. No fever in the morning—but the fever returned at 3 P.M. with precisely the same symptoms as on the previous day without only the convulsions; hot applications to the feet and cold to the head was had recourse to, but the child remained in a state of drowsiness till 5 P.M. At 9 P.M. the Doctor called in and changed the medicine to Bell. 30; bowels moved twice after the exhibition of the above.

25th—No more fever, bowels moved 3 times copiously—cont. Bell. 30.

26th —Well Bell. 30 one globule.

27th —A regular rose-coloured eruption was seen on the face which subsided of itself.

28th —Bowels moved for 2 days.



29th—Bowels moved—cured.

### Remarks

I have been induced to bring forward this case to the notice of the profession simply for showing what advantages Homoeopathy offers in such cases. Had the the parents placed the child under the treatment of an old school physician, I dare say—the child would have been half dead by the application of at least 3 or 4 blisters, mustard plasters, not to speak of the administration of very strong and powerful remedies internally. The successful treatment of such severe cases by infinitesimal doses of medicine, ought at least to induce our professional brethren to give Homoeopathy a fair trial.

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### A Case of Mental Disorder brought on by using Siddhi or Hemp leaves

Woomesh Chunder Paul, aged about 22, student, residing at Garden Reach, became perfectly insane in the course of two or three days about the end of February 1867. On enquiry it was found that he had indulged himself for several days previous to this occurrence in large doses of siddhi (hemp leaves) both by drinking it in the shape of an infusion as is usual with the siddhi drinkers, as well as by smoking it in pipe. The result of this (as candidly confessed by himself

after his recovery) was, that he felt strong giddiness and burning sensation in head. Sleep forsook him altogether and he grew very irritable in temper. He said he had to pass several nights without being able to close his eyes for a moment in spite of his attempt to smoothe his troubled spirits by sleep.

While in this state of mind, an event occurred which at once set fire as it were to the combustibles with which his brain was full and which were well nigh ripe for explosion. There was a piece of land close by his dwelling house which he had a great longing to possess, whenever an opportunity would offer for sale. On hearing that a neighbour of his has privately tried to purchase it, he rushed forth from his house and raised a violent quarrel both with the purchaser and the seller with unusually loud vociferations. From that very day he began to loose consciousness, reason, memory, &c. On the following day he was found in a very melancholy mood, looking steadily at any one who would go near him and uttering at the power of speech. He remained in this state for three days.

It was on the fourth day that he was found in a state of complete unconsciousness.

He remained in this state for three days.

It was on the seventh day that he was found in a state of complete unconsciousness.

to the cause of his doing so, he expressed excessive fear as if some evil spirits were coming to crush him. He used to cry out at intervals "Lo he is coming to catch me." In the course of two succeeding days all the symptoms of perfect madness were manifest. He became so violent and ungovernable that his relatives were compelled to tie his hands and legs in order to prevent him from doing injury to others which he had actually done in two or three instances.

In this state of affairs he was removed to Calcutta and placed under my treatment. He neatly recovered his wonted condition of mind and body under *Nux Vomica*, and in the course of a fortnight he was so well that he was taken back to his house at Garden Reach, which was about the end of March 1867. He remained quietly for nearly three weeks without exhibiting any evident signs of madness, except an unusual brilliancy of his eyes and a peculiar casting of his looks. At the end of this time the disease relapsed with great virulence and assumed a fearful aspect. He was now treated by his uncle Allopathically for nearly a fortnight, during which time he was blistered and physicked and used to be beaten so severely that his constitution was at once shattered and he was reduced to a starved

relations. He could not, however, be sure that  
 he could not, without a dose of opium. He  
 was very weak. In this impotent condition  
 his pulse was very slight for 4 or 5 days, as  
 his physician, Dr. Charles French, of the University  
 of the City, as the physician was not there at a  
 consultation to be consulted in London. He began  
 to expectorate gradually and as well as time would  
 permit he took food and as the symptoms were  
 relieved he was removed to London which was  
 done on the 17th of May. As he grew stronger  
 his pulse returned with fulcrum. He grew  
 stronger and stronger. The bowels were very  
 active and he had no sleep either in the night  
 or during the day. His condition gradually  
 tended to May 1, June, and Nov. He began  
 to sleep, and his bowels began  
 to act. For the state of his mind took a differ-  
 ent turn. He was listless and indolent. He  
 would go out to the park and would not return  
 or would not and brought back a great  
 quantity of gold to him, and his sleep was  
 very good. On May 1, June 1, and Nov. 1, he was  
 very well. On May 1, June 1, and Nov. 1, he was

1. *Chlorophyll a* and *Chlorophyll b* were determined by the method of Arar and Collins (1971).

444 7 4 6 8 9

### A Case of Inflammatory Suppuration of the Womb

B, a respectable Hindu lady, had premature labour in the 7th month, on the 3rd September, 1869, the child had lived 48 hours. After the lochial discharge was over, a neuralgic sort of pain settled in the uterus and in the right ovarium, for which she was under my treatment for sometime. Not being satisfied with the result of the treatment, and being under the impression, that I slight her ailment, she called in an Allopathic physician under whose treatment she remained for about 3 months. All this time she was kept under morphia, chloroform, sherry, and tincture of muriate of iron, with indifferent benefit. The fact is, that under the perpetual narcosis that was induced by these drugs, the patient could not much feel the pain, and hence believed she was recovering. The disease, however, was merely suppressed, and not radically cured, as was apparent from the discontinuance of the drugs, when the pain was felt as severely as at the commencement of the treatment. The Doctor, therefore, suspected ulceration of the cervix uteri, and advised examination per vaginam by a midwife. Unfortunately the midwife recommended was an ignoramus the examination made was very

rude, and the result was the lighting up of very severe inflammation of the womb. There was considerable swelling of the organ, and extreme tenderness on the slightest touch over the supra-pubic region. There was also inflammatory fever, costiveness, and most distressing sleeplessness.

On the 31st December 1869 she agreed to be placed under Homoeopathic treatment, which the husband, though an amateur, undertook himself as the patient had contracted a dislike for me. The husband treated her for a week, with Merc., China and Puls but without being able to do her any good. Being the family physician I was obliged to attend, and finding her very bad, took up her case against her will. This was on or about the 8th January. At first I gave her Merc. again but without any avail. The fever increasing I gave her Acon. which reduced the fever, but did not in the least abate the pain or the swelling. There was copious discharge of purulent matter from the womb, there seemed to be some dislocation towards of the uterus extreme tenderness on pressure, the pains were spasmodic and swollen, empty contractions the urine was high coloured but no burning during micturition. All these symptoms disappeared on the 10th of January and she was discharged on the 11th.

described by the patient as that of fire being quenched by water. In the course of a month she was perfectly restored to health. Only a few doses of the medicine were given in the beginning. Latterly I used to give her unmedicated spirit for her satisfaction. She is now one of my best advocates, and looks upon me as a father.

### A Case of Threatened Abortion from Gonorrhœa

(Reported by an L. M. S.)

A young Hindu lady of robust make, aged about 15, in her first pregnancy, in the 8th month of her gestation, was noticed to discharge blood from the vagina on the 12th March 1870, as she had menstruated three or four times since conception, this circumstance did not excite any fear. The hæmorrhage, however, did not stop as on former occasions at the end of the 3rd day; but on the contrary became rather profuse, so that on the 15th instant apprehension of speedy discharge of the foetus was excited and she was removed on the 16th March to the house of her father early in the morning in a gharry. Dr. Sircar called about 12 noon and prescribed *Sabina* 6.

17th—Passed clots of blood in the morning with pain in the uterine region. Dr. Sircar called at 10 P.M. and ordered *Scal*.

18th—Passed clots. Continued medicine.

19th—No improvement in the symptoms  
*Pulsatilla* 30.

20th—As the symptoms did not improve, Dr. Sircar began to suspect that there must be some secret cause of all these, and on close scrutiny she confessed to be suffering also from burning in making water, with discharge of purulent matter with the urine; she was therefore ordered to have *Cannabis indica* 6.

21st—Burning much less, feels better, discharge of blood less.

22nd—No medicine; slight bleeding.

23rd—No more bleeding. From this day to the 26th she remained under treatment taking occasionally a dose of *Cannabis*. From the latter date she was able to get up and walk about.

It will not be uninteresting to bring into the notice of the reader that after the completion of the cure of the wife, the husband was discovered to be suffering from Gonorrhœa, and from his statements it appeared that he had been suffering from it before his wife got ill.

#### A Case of Urethritis in a Child

Presented to the Medical Society of the City of Calcutta, April 18, 1881.  
Read by the Secretary, Mr. J. H. B. Sircar, M.D.



following symptoms—the penis was found swollen, there was thick purulent discharge from the urethra, the child complained of difficulty in making water, not from burning but from stoppage at intervals as if from spasm. No history of specific infection could be made out.

At 10 A.M Dr Sircar saw the child and prescribed *Cannabis* 6, a single dose of which was given to him at about 1 P.M.

In the course of the day the symptoms began to disappear and the child was considerably better on the day following. In the course of the next day the child was all right.

#### **A Case of Neuralgia of the Musculo-Spiral (Radial) Nerve (right).**

B. N. D. was playing on the harmonium when the right bellow gave way, in consequence of which he received a sudden jerk which darted from the right foot to the right side of the head. The pain became aggravated on resuming the playing of the instrument. A variety of remedies was tried for about a month, without being of much avail in extirpating the pain. The pain was of a neuralgic character traceable to the Musculo-Spiral (Radial) nerve, coming on in paroxysms, and inflicting the most distressing sufferings upon the patient.



### A Case of Obstinate Sinus (Syphilitic) Cured by Iris

A young man, aged about 20, placed himself under my treatment on the 20th May, 1869, for a sinus in the left groin, the result of a bubo. He had syphilis, had taken mercury, and was very cachectic. I gave him Sulph. 6. Instead of improving he got fever, which was very severe and reduced him much. For this reason or what I do not know, he did not ask my advice again till the 1st August next, when finding him emaciated and bed-ridden and suffering from a regular hectic, and the discharge being ichorous, I gave him Ars. 30. This did him but little good, the fever abating only slightly, but the discharge from the sinus continuing as before. I therefore gave him on the 6th Sil. 6. The Silicea only irritated the walls of the sinus, without doing him any positive good. Gradually a swelling formed which extended from Poupart's ligament to near 3 inches above. This threatening to be an abscess I gave him Hepar Sulph. 6 on the 27th. This had the effect of causing rapid suppuration, the pus getting exit through the old sinus. The swelling became considerably reduced, but the improvement remaining stationary I put him on Sulph. 6. On the 3rd Oct. diarrhoea and in evening fever



25th—Do. 1 dose, stools almost natural.

26th—Do. 1 dose, ate half a pound of bran by stealth ; passed loose stools.

27th—Do. 1 dose at 7 A.M.—passed loose mucous stools streaked with blood, at 10 A.M.—Merc Cor 2 doses, blood disappeared in the evening.

28th—Merc Cor. 1 dose at 7-30 A.M. and another at 5 P.M., stools thin and slightly mucous ; no blood.

29th—No medicine Cured

### A Case of Advanced Phthisis

This was a very interesting and instructive case, and although the termination was in death (no other result could be expected), it proved satisfactorily how beneficial is Homœopathy even in such desperate and moribund cases.

The history was that the patient Nilmini Pukran (aged about 21) was suffering for six months from a severe form of phthisis, and had been treated by the best medical means, but without any benefit. She was brought to me by her mother, and I commenced the treatment on the 1st of January, 1881.

alvine discharges. The expectoration was purulent as also the alvine discharges. In fact, there was very little difference between them, and sometimes it was impossible to distinguish between them unless previously told which was which. There was also hectic fever. As he had taken large quantities of Allopathic medicines, opium, stimulents &c. I gave him Nux. &c. This however did not produce any perceptible effect. The stools continued to be numerous, and the cry was to stop them somehow or other. Considering the condition of the lungs as well as of the intestines I prescribed Salicin &c. to soothe some food but not much. The number of stools thereby somewhat diminished, was still 2 or 3 sometimes 4 in the day. I therefore thought of Nux. &c. lower, and prescribed the Salt. This had no effect, the most remarkable change of condition being a further increase of stools, and the patient was

continued on the same course.









## Remarks

The two preceding cases have been taken at random from a large number in my case book, illustrating the remarkable control which *Silicea* exerts over the suppurative process. I would here notice, with the object of inviting the opinion, and stimulating the observation of my professional brethren, that I have observed one very singular peculiarity with respect to the therapeutic action of the drug which, as far as I can remember, has not come across my reading, namely, that it is more useful in open than in closed suppurations, and, in fact, my experience of the drug in these cases has not been very favourable. Generally I have found it to cause considerable irritation and consequent extension of the suppurative process. I have never, for instance, found it to discuss an abscess, which *Hepar Sulphuris* and other drugs have very often done. But the moment the matter finds an exit, either through an operation or by the natural course, it is then that the curative action of *Silicea* manifests itself. It has seldom failed me in open ulcers, fistulae, and sinuses, irrespective of the nature of the discharge. Sometimes ago I cured a very bad case of sloughing Dysentery, where the sloughs were large, gangrenous, and pus-infiltrated, and which must have left large, open ulcers on the surface of the large intestine.

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### A Case of Strangulated Inguinal Hernia

FRANCIS G. aged about 82, is subject to a hernia which issues through a

canal, for which he uses a truss. On the 14th November 1870, he had taken out the truss before going to the privy, and the effort at stool brought out the hernia. He could not reduce it as usual. On being sent for I found the gut had considerably descended through the inguinal canal into the scrotum so as to give it the appearance of a pretty large scrotal tumor. There was a good deal of pain and tenderness over the ring. I tried the taxis but could not use it effectively on account of the pain. I therefore prescribed the hydrate of chloral in 15 grains doses. The first dose sent the old man to sleep, so that on my return after about 3 hours I could handle the hernial tumor without inflicting much pain. I could not succeed in effecting reduction, and, afraid of causing mischief by too much meddling, I left him alone directing another dose of the chloral hydrate to repeat if necessary.

15th Nov. - Another dose of the medicine was given as directed last night, and the patient was under its influence the whole of this day, but the hernia, which was as fractious as on the 14th, did not muddle itself with the influence of the medicine. I therefore left the hernia alone.

therefore ordered Nux V. 30,  $\frac{1}{4}$  drop every 4 hours. After the 2nd dose the gut went up to itself.

### Remarks

It may be asked why was not the Nux V. used at first and at once? The answer is, because in the few cases I had tried it before I did not succeed in effecting reduction with it alone. I had to use opium sometimes, and sometimes opium and chloroform, in massive doses to soothe the pain, to employ the taxis with advantage. I do not say that Nux V. alone or other suitable Homœopathic remedies may not have succeeded. I merely give my own slender experience. And I do not think that the course I pursued in this case and which was attended with such happy results, is inconsistent with true Homœopathy and unworthy of being adopted by any but the most stiff-necked and bigoted Homœopaths. In cases where the nervous system is engaged in considerable irritation, removal of that irritation by a palliative is not an irrational or an unscientific procedure. On the contrary to grope about in the dark, hunting after suitable remedies while our patient is writhing under torture, and when an obvious and a known reliable palliative is at hand, is, in my humble opinion, grossly culpable.

### A Case of Idiopathic Tetanus treated successfully by Hydrate of Chloral

I was called to this case on the 13th Dec.

1879(?) when I found the patient, a young girl of between 13 and 14, suffering severely from tetanic convulsions. The whole body was engaged in tetanic rigidity and fits were troubling her at very short intervals. The mouth could only slightly be opened. Deglutition was very difficult. The history of the case was that she had menstruated on the first of the month, on which she had complained of pain in the whole body as from cold. From the 5th to the 9th instant the pain of the body gradually increased and with it there was some cough. On the 10th pain was felt in the root of the tongue, and in consequence during deglutition. There was also inability to open the mouth. The patient had fever, some swelling and painfulness of the submaxillary sublingual glands. She was unconscious and could not recognize persons. The Doctor, who was called to treat her, had ordered a foot-bath and continual fomentations and a dose of castor oil. The bowels had moved and consequently the fits had ceased. The tetanic convulsions

1. The first is the *de jure* right of the individual to be free from state interference with his or her religious beliefs and practices.

**1. Introduction**

1. *Journal of the American Medical Association*, 1997; 277: 1033-1036.



pre. Weeping around, and ten pints in the whole even, very violent. Medicine repeated at night with the usual happy results. A dose at 2 1/2 P.M.

14th Dec. — Much better. A dose in the evening, with which a living moulting worm passed.

From this time forth the child a rapid recovery, so that by the end of the month she could sit up. The only symptom which still continues is slight stiffness of the spine and neck, but this is gradually disappearing under the stimulus of turning on at bed.

#### Remarks

This is a very good case, and certainly demonstrates the utility of the hyaline of chloral in one of the most severe forms of spasmodic diseases. In this case, chloroform in the crude state was administered without benefit, but the moment chloroform was separated from the decomposition of chloral hydrate in the blood and probably in the interior of the tissues did exert a powerful sedative action on the nerves and caused the total and complete extinction of the disease, without the aid of any other drug.

#### A Case of Gangrene from the bites of the "Shoah Poka" or the hairy Caterpillar

On the 10th of Dec. 1881, a young girl, aged 12, was brought to the hospital, complaining of a severe pain in the right leg, which she said was caused by the bite of a hairy caterpillar.

# ACUTE OR CHRONIC

caused by the rupture of the chord; I then gave me to inflammation which culminated in the formation of the toe with suppuration of the phalanx. When we saw him first on the 1st day we found the toe blackened and the swelling. We gave Salicylate but on the following day finding that an abscess was forming, we gave him Hot Water. This was continued till the 29th when, finding the abscess brought to a head, we opened it. From the following day till his final recovery by the middle of December, he had Salicylate, which had the effect of diminishing the discharge, reducing the swelling and healing up the sinuses. The first phalanx, which had mortified, dropped off of itself in the course of the treatment. Externally, we had used the Calendula lotion (ten drops of the mother tincture to an ounce of water) so long as the sloughs were not all separated, and the discharge continued foetid. We have invariably found the Calendula to be an excellent cleanser of such sores.

REMARKS.

See the effect.



rainy season in Bengal. These bristles are very poisonous and we have known *Phanophthalmus* with elongating of the cornea and even destruction of the eyeball as result from the irritation caused by their contact with the conjunctive. The best antidote we know of this insect, and the best remedy of the recent inflammation caused by it, is the juice of the leaves of the plant called *Phol* or *Kanchia* (*Commelyn Bengalenis*). We have taken out the bristles from the living Shoah Poki and, mixing them with this juice we have rubbed them between our fingers, and we have found them literally to melt away. Would not a vitiated titrate of the fresh leaves be equally useful? This is at least worth a trial in recent inflammations resulting from this cause. And why may it not be useful, even when the inflammation assumes a destructive character as it did in our patient?

### A Case of Traumatic Tetanus, Recovery

Radha Nath, a Hindu, aged 40, carpenter by profession, presented himself for treatment on the 8th March, 1871, with symptoms of Tetanus. He had the peculiar tetanic look, chiefly characterized by half-closed eyes and stiffness of the neck. There was partial lock-jaw, and rigidity and pain in the muscles of the back and the spine. He complained of not being able to masticate properly and of being unable to speak with usual force and distinctness. He had a wound at the tip of the

third right toe. This was caused by the wheel of a carriage running over the toe and cutting off the toe at the middle of the first phalanx. This had taken place 15 days before admission. The tetanic symptoms were first observed 9 days after the accident.

The soft parts of the toe were in a state of gangrene. We prescribed *Lact.* 30.

On the 10th the patient reported some increase of the tetanic symptoms, and extension of the rigidity to muscles of the abdomen. The progress of the case was, however, not unsatisfactory. The medicine in the same dilution was therefore continued.

On the 16th the patient was worse than he was on the 10th but still not so bad as such case generally become. We therefore changed the dilution to the 6th. From this time forth improvement commenced in the wounded part as well as in the tetanic symptoms.

The sphacelus separated on the 24th and the patient was doing very well. The tetanic symptoms had considerably abated.

The same medicine in the same dilution was continued to the 27th, when, on the 28th, the patient was discharged.

### Remarks

This was not a severe case from the beginning. But there cannot be the slightest doubt that Lachesis exerted a considerable influence over the disease, arresting its progress and ultimately extinguishing it altogether. This is evident from the fact that the *W. h. dil.* was not so efficacious as the *6th*—which brought the case to a successful termination. What induced us to select the drug in preference to others was the traumatic origin of the disease and the gangrenous nature of the wound. It is a routine practice to try *Arnica* first, but we have never derived any benefit from it, no doubt for the obvious reason, that *Arnica* can never be Homœopathic to Tetanus.

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### A Case of Crocodile-bite; Recovery

Babu Sninash Mukherjee, the subject of the above accident, thus narrates it at my request:—  
 “On Saturday, the 3rd June 1871, at about 9 P.M. as I was bathing in the river (at Khurdah) I felt as if something caught hold of the upper part of my right thigh. To ascertain what it was I placed hands over it, and it felt like a large piece of stone. I was at once convinced that I had fallen into the jaws of a crocodile. Of course I cried out loudly for help, but before anybody could come to my rescue I was dragged away to a good





## A CASE OF HYSTERIA

### A Case of Hysteria

The husband of the girl, subject to the above disease, came to me in the middle of May 1871, and gave me the following history of the case.

For 5 years previous to the commencement of the present disease the patient used to suffer from the following complaints—acidity of the stomach, burning of the skin generally and of the hands and feet in particular, pains in the chest, hemiparesis. All these had come on after an attack of fever. In Fyaskh 1277, that is, upwards of 13 months ago, she fell on a sudden vomited a large quantity of blood and was in consequence at once placed under Allopathic treatment. In spite of the continuance of this treatment for 3 months the patient used to vomit blood, two or three times a day. The only improvement that was perceived was that the blood which was thus and passed to a skin and the blood returned to the stomach. The patient was then placed under the treatment of the Hysterics, and in the course of a few days the blood ceased to be vomited, and the patient recovered her health.











### A Case of Abscess in the Abdominal Parietes dispersed by Hepar Sulph.

On the 26th August last, I was called to see Babu Akshay Kumar Banerjee, who had come down from his native village Satgachia for treatment. He was laid up in bed with a huge swelling in the left iliac region just above the Sigmoid flexure, which was exceedingly tender to the touch and which appeared to be an incipient abscess deep-seated in the abdominal wall at this place. The patient had hectic fever and was extremely prostrated in strength. He was 20 days under Allopathic treatment, but without deriving the slightest benefit from it. The swelling, the pain, the fever, and the prostration have been increasing day by day. He could not move from his bed at all. Having in several instances observed the remarkable powers of Hep. S. to disperse abscesses, I prescribed it at the 6th dil., three times a day. In less than a week the patient was nearly free from fever, the swelling considerably diminished, and the patient on the whole was so well as to be able to sit up and even walk a little. After a few days he was able to get up rather stationary, and I continued the Hep. S. for a few days. From this time the patient continued to improve, the swelling,

A CASE OF REMITTENT FEVER

fever and debility all disappeared by the 20th September. By the end of the month he was well again.

A Case of Remittent Fever with Jaundice and a peculiar symptom, viz., severe vomiting after each draught of cold water.

On the 11th Dec. 1868 I was first called to see John P. K. D. for a peculiar and distressing symptom, severe vomiting after drinking the smallest quantity of cold water. On examining the patient I found that the fever was of many days' standing, and that the patient was very weak. The vomiting was so severe that he could not take any food or drink. The fever was of the remittent type, and was accompanied by jaundice. The patient was very weak and debilitated. The vomiting was so severe that he could not take any food or drink. The fever was of the remittent type, and was accompanied by jaundice. The patient was very weak and debilitated.

horror for water although he had a burning thirst. He could take liquid medicines, even the most disgusting mixtures, without feeling the slightest nausea or tendency to vomiting, he could take milk, and anything else that is liquid, except cold water. Knowing that we prescribe medicines in cold water he requested me not to do so in his case. I however assured him, he will not vomit again. I gave him *Eupatorium Perfoliatum* i. ½ drop in a little cold water, to be taken every hour for two or three doses.

12th—Called at about 11 A.M. and had the satisfaction of hearing that the patient could retain water after taking 3 doses of the medicine. In fact he described to me that he felt an attraction for water after the 3rd dose, immediately after which he passed a stool consisting of fecal matter and a large quantity of bile. The stool was hot and much flatus escaped with it.

Temperature of the skin almost normal; pulse between 104 and 105. His griping still of the bowels has had no effect. Tongue still is red and dry, but the coating is white and thin. The patient is still restless, and the inflammation of the bowels is still continued, but not so severe as before. The patient is now somewhat better.



which at the advent of the medicine. It is a comparison of the great difference between the two systems that he now always compares me with, and of cases that occur in his family.

I have since had an opportunity of testing the effect of Eupatorium in reference to the present symptom noticed above. This was in a case of cholera where on the subsidence of the more urgent symptoms this symptom developed itself and readily yielded to the Eup. &c.

### A Case of Incipient Hysteria

I was called on the 15th inst. to see a girl of about 15 who, while dining, felt constriction in the throat which prevented her eating. Immediately she was seized with a tendency to weep and she did weep often. She then lost all power of speech and informed me by writing that she felt as if something in the throat was preventing her from giving utterance to her thoughts and feelings. There was very great oppression and tightness of the chest, and crampy pain in the stomach. She could not trace her ailment to any particular cause. All that she could say was that she had disturbed sleep in the night and that she did not say whether she had not been all night without sleep or whether she had not been all night without sleep. She did not say whether she had not been all night without sleep or whether she had not been all night without sleep.





and flexion. The slight pain that remained vanished in a week more. This is only one of many instances in which I have tested the efficacy of *Rhat. Tox.* in chronic inflammation of the articular structures especially when resulting from blows, sprains, etc.

### A Case of Puerperal Tetanus

Babu P. C. Banerjee's wife, aged about 34, was delivered of a male child on the 26th February 1869. This was her 4th child and the labor was natural and easy. The confinement was, as usual in a native house, in a low, dingy, ill-ventilated room. On the 28th instant, she had an attack of slight fever from which she was quite free by the 3rd of the next month, March. On the 7th March, the 10th day of confinement, she bathed for the first time after delivery. On that very day she felt slight stiffness of the jaws, but this was slighted, and thought of as nothing but slight cold. On the 8th the lock-jaw was distinct but still disregarded. On the 9th the lock-jaw considerably increased. In the morning difficulty was experienced in swallowing solids, but by evening there was difficulty and pain in swallowing liquids as well.



## PROGRESS AND TREATMENT

10th March—I was sent for, and of course there could be no mistake as to what the case was; it was a case of tetanus, and not of simple cold as the patient and her husband had thought. The patient was in the habit of taking opium daily, (a habit which she had contracted for a chronic diarrhoea which she had suffered from long) and the husband had strong prejudices against Homœopathy. I therefore ordered—

Liq. Opii. Sedat. m̄viii. every 3 hours.

11th—The opium, having procured some relief, enabling her to swallow better and giving her snatches of sleep, was continued.

12th—Extension of the disease. The neck became involved for the first time. As yet the spasm was of the tonic character

R Tinct. Cannabis Ind m̄v every 3 hours

R Chloroform ℥ss

1st Rub. Supra. 2a 1st 1st Rub the affected

parts with the hand.

2nd 2nd 2nd 2nd 2nd 2nd 2nd 2nd





convulsing at times the whole body, but more especially the neck. Thirst very great. Patient very weak. Brandy ordered to be given as frequently as she could take, in addition to hemp and opium.

In the afternoon the violence of the clonic spasms increasing, we gave *Nux V.* 6 internally and *Nux V.* 8 to inhale. The inhalation had the effect of diminishing the severity of the fits, and even of enabling her to open her mouth better so as to take in medicine and nourishment more easily than she could before.

The following liniment also did great service in keeping down the tonic spasms —

R Sapo. Mollis 3ii  
Spt. Vin. Rect 3ii.  
Chloroform 3iv M Ft Lt.

15th—The convulsions very severe; abdomen distended, breathing difficult, spasms in the stomach. All previous medicines were stopped and *Nux Vom* 100 was ordered to be given instead.

Very bad in the evening, distension of the abdomen. No stool since the commencement of the attack. An enema of castor oil and turpentine is therefore ordered, but is brought away without effect, only a few drops of the liquid









23rd—Decided improvement. Had one good stool. No medicine. Broth was again ordered.

24th—Same as on the previous day. No medicine, except *Ars.* or *Carbo V.* when collapse was threatened.

25th—Fits became longer in duration. Same treatment continued.

26th—Duration of fits became very long, as long sometimes as 2½ hours. The opisthotonos was at times so great that the body was curved like a bow. *Hyoscyamus* (mother tinct.) was ordered in doses of 5 drops every 2 hours. This had the effect of at once quieting the spasms, and from this day the tetanic symptoms steadily diminished till there was no vestige of it except some rigidity of the body by the 30th. It is worthy of remark that the chloroform liniment having ceased to do any good, a lotion consisting of sulphuric ether and rose water was used and with considerable benefit.

1st April. While we were congratulating ourselves on the improvement already effected, the patient again exhibited some symptoms suggesting a return of the disease. The convulsion which was so distressing on the 14th re-appeared. And the abdominal muscles were so strongly pressed

## A CASE OF COLICODYNIA

against each other that we were afraid they would be smashed to pieces. Fortunately we found in *Stryamonium* an agent more potent than the disease. We first prescribed the 6th and we had to descend to the 3rd to complete the cure in about 4 days.

On the 5th the patient was well enough to take rice.

### Remarks

This was one of the most remarkable cases that we have had during the whole course of our ten year's practice. It points to a most common cause of tetanus in the puerperal state, namely confinement in a low, damp, ill-ventilated place. To some extent it seems to favour the prevalent idea of the 8th pregnancies being attended with more or less danger. It most emphatically demonstrated the power of the medicines, over especially Homœopathically selected medicines, over disease. It demonstrated likewise the utility of Dr Chapman's *ce-bag* to the spine and it proved as well the value of the *ce-bag* in its application when it ceases to be used. There is no more to be said during the case.

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A Case of Colicodynia terminating in severe  
Tympantitis with impendin  
Intususception

respectable parents came under treatment on the 14th December when Dr. Sayer saw her for the first time. On enquiry it was learned, that the disease first commenced as griping colic on the 17th instant, when it was confined to the lower part of the abdomen only. For sometime previous to this she had been suffering from constipation and other frequent symptoms which she did not think it necessary to report to any one in the family until the symptoms grew worse on the 27th. The father of the patient being apprised of this and thinking her to be suffering from worms gave a few doses of Cast during the day, but in the afternoon, on coming to learn that she had not menstruated since delivery (that is about 8 months), he administered a few doses of Pule, at short intervals, after which the menses appeared though scantily and without the least abatement of the sickly pain which continued to trouble her day and night intermittently up to the 29th. Up to this she had lived on soup and took every care to avoid all that was cold or raw, but on the latter day she was ordered to take a moderate number of pills consisting of the following known to be good for the complaint, and to take also a few drops of the following mixture.

## A CASE OF COLICODYNIA

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remove her constipation from which she has been suffering all along. After this she felt still more unwell, and within three hours after the above treatment, she vomited everything she took, with aggravation of the griping pain, which now extended over the whole abdomen and was soon followed by tympanitic distension of the bowels. It was at this crisis that a lay practitioner, a friend of the patient, was called in, who prescribed Nux and Broo. in alternation. The medicines were continued throughout the night, but finding no sign of improvement in the morning, Dr. Sircar was sent for. On arrival he found the patient to be suffering terribly from tympanitis and along with it colic, and ordered *Carbo Veg.* so to be given immediately. After having 3 doses of the medicine, the patient threw up a *Lumbricus*, the medicine was continued throughout the night at intervals, varied according to necessity, during which she had 4 motions, which were thin and watery. Beyond this she derived no other benefit.

application over the abdomen. As accessory to these she was ordered fomentations and an enema of castor oil and turpentine in the evening to clear her bowels, as they were found confined since last night but all to no purpose.

Jan. 1st 1872, Morning—The patient was in the same precarious state as on the previous days, there was the same drum-like distension of the abdomen, with constant moanings owing to indefinite pains in the bowels, which the patient could not describe properly—the abdomen was resonant on percussion in all other parts excepting the sites of the lower part of the ascending and descending colon—the whole surface was extremely painful on pressure; there were, besides, hurried breathing with hiccough from time to time and obstinate constipation. Pulse 150. Thinking this to be a case of impending intussusception of the intestines, *Nux V* 30 was ordered to be given every hour or so, according to the requirements of the case, until the symptoms were somewhat relieved. The medicine was continued up to 6 P.M. with the only benefit that she slept for about half an hour whenever she had a dose of it further than that it induced no other change in the system than a more frequent

## A CASE OF COLICODYNIA

which disappeared at once.

About 8 o'clock in the evening the patient's condition was still more precarious. Her whole condition pointed to *China so* which was ordered to be given at once. It was not long before we had the satisfaction to see its wonderful beneficial effects; within an hour's time from this, and after two doses of the medicine administered, she passed 3 copious stools, thin and foetid, much to her relief. The medicine was continued throughout the night, during which she had 3 other motions of the same character as described above.

2nd Jan. — The distension of the abdomen has been diminished by half; *China so* was continued every two hours and the more she had of it the better she felt. she had altogether six motions during the 24 hours. As to diet she could take nothing besides orange and pomegranate juice. Pulse still 150.

3rd Jan. Tympanitis less — had 3 motions.







gripping in the lower belly before a motion; ordered to take pulp of roasted Bael fruit.

9th—Had slept well till 2 A.M. in the morning, when she had a stool, with which she passed another lumbricus, followed by severe gripping; appetite good

10th—She had a good night's rest; a tendency to diarrhoea still continues. But from this day she steadily improved and was gradually restored to her former condition

### Remarks

It is impossible by mere report to give a faithful idea, a true picture, of this remarkable case, remarkable both by the gravity of the symptoms it presented and by the illustration it afforded of the actions of the medicines generally and of China in particular. It is not often that a patient with a pulse above 150 recovers, and recovers from such a formidable disease which threatened to extinguish life every moment for upwards of 48 hours. The recovery of the patient depended as much on the utmost care with which she was watched as on the medicines which were selected with the greatest scrupulosity.—M. L. S.

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### A Case of Herpes Circinatus

The following case which I saw on the 21st March 1871 is interesting.

A girl of about 8 years had a patch of

herpes on the right temple. It had commenced upwards of a month previous to my seeing her as a single vesicle and was spreading by the circumference, leaving a furfuraceous patch bounded by it. There was itching and burning in the part. The repertory assisted me in the treatment of this case. Under the head of ring-shaped herpes, there were Calc., Caus., Natr., Natr. M., Sep., Sulph. Of these Natr., and Natr. M. had no itching in their herpetic eruptions and the character of spreading eliminated Caus. The drugs that remained to be further sifted were Calc., Sep., and Sulph. From this list I was able to eliminate Calc. and Sep., as they did not correspond to the characteristic bilious constitution of our little patient. I therefore prescribed Sulph. 6, 2 globules every 4th day. She had altogether to take 2 or 3 doses and she was all right. The patch which from a point had already become larger, now ceased to spread, and spreading every

A Case of Inflammation of the Uterus and  
Ovaries with Metrorrhagia

of the ovaries. This was accompanied by fever. In consequence of this the family physician prescribed Aco 6 and Arn 6 in alternation. The fever and the pains increased considerably, the patient began to get spasms of the upper extremities, and was extremely prostrated. Suspecting that the patient was suffering from suppressed menses the civil physician prescribed the following mixture on the evening of the 2nd March:—

R. Tinct Cannabis Ind	ʒ ss
“ Secale Cor	ʒ ss
“ Aconite	m vi
Aq. Puta	ʒ

M. Ft. Mist. 1 oz. every hour. This was continued till the 5th inst. There was some improvement and the menses did appear. On the 5th the following mixture was given:

R. Tinct Bellad	m vi
“ Acon	m vi
Aq. Puta	ʒ

M. Ft. Mist. 1 oz. every 4 hours. Considering that the patient was very weak, was ordered to take 30 grains of lactogen together. Whether owing to this or to the altered prescription, or to other causes, the fever increased violently the very day. There was

## INFLAMMATION OF THE UTERUS & OVARIES 73

violent metrorrhagia, and the region of the ovaries and uterus became very much swollen, hard, and exceedingly sensitive to touch.

I was sent for on the 7th and prescribed Bell. 6 every 2 hours.

On the 8th I found no improvement. The tenderness and swelling of the uterus and the ovaries were as bad as yesterday. The metrorrhagia was continuing, but the discharge had become of a pale color, and there was much involuntary weeping. As far as recorded pathogeneses went, I found the following drugs had a direct influence in setting up inflammation in both the uterus and ovaries, viz. Acon., Bell., Canth., Chin., Lach., Merc. and Plat. Of these Canth., Lach., and Merc. had no metrorrhagia, and Acon. and Chin. had no discharge from the uterus of a pale character. Consequently the only remedies that were admissible in this case were Bell. and Plat. But as Bell. has already been used without effect, I gave Plat. because it was not so violent as Bell. and it was prescribed every 2 hours. On the 9th I prescribed Plat. 6 every 2 hours. On the 10th day I prescribed Plat. 6 every 2 hours. On the 11th day I prescribed Plat. 6 every 2 hours. On the 12th day I prescribed Plat. 6 every 2 hours. On the 13th day I prescribed Plat. 6 every 2 hours. On the 14th day I prescribed Plat. 6 every 2 hours. On the 15th day I prescribed Plat. 6 every 2 hours. On the 16th day I prescribed Plat. 6 every 2 hours. On the 17th day I prescribed Plat. 6 every 2 hours. On the 18th day I prescribed Plat. 6 every 2 hours. On the 19th day I prescribed Plat. 6 every 2 hours. On the 20th day I prescribed Plat. 6 every 2 hours. On the 21st day I prescribed Plat. 6 every 2 hours. On the 22nd day I prescribed Plat. 6 every 2 hours. On the 23rd day I prescribed Plat. 6 every 2 hours. On the 24th day I prescribed Plat. 6 every 2 hours. On the 25th day I prescribed Plat. 6 every 2 hours. On the 26th day I prescribed Plat. 6 every 2 hours. On the 27th day I prescribed Plat. 6 every 2 hours. On the 28th day I prescribed Plat. 6 every 2 hours. On the 29th day I prescribed Plat. 6 every 2 hours. On the 30th day I prescribed Plat. 6 every 2 hours. 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On the 88th day I prescribed Plat. 6 every 2 hours. On the 89th day I prescribed Plat. 6 every 2 hours. On the 90th day I prescribed Plat. 6 every 2 hours. On the 91st day I prescribed Plat. 6 every 2 hours. On the 92nd day I prescribed Plat. 6 every 2 hours. On the 93rd day I prescribed Plat. 6 every 2 hours. On the 94th day I prescribed Plat. 6 every 2 hours. On the 95th day I prescribed Plat. 6 every 2 hours. On the 96th day I prescribed Plat. 6 every 2 hours. On the 97th day I prescribed Plat. 6 every 2 hours. On the 98th day I prescribed Plat. 6 every 2 hours. On the 99th day I prescribed Plat. 6 every 2 hours. On the 100th day I prescribed Plat. 6 every 2 hours.

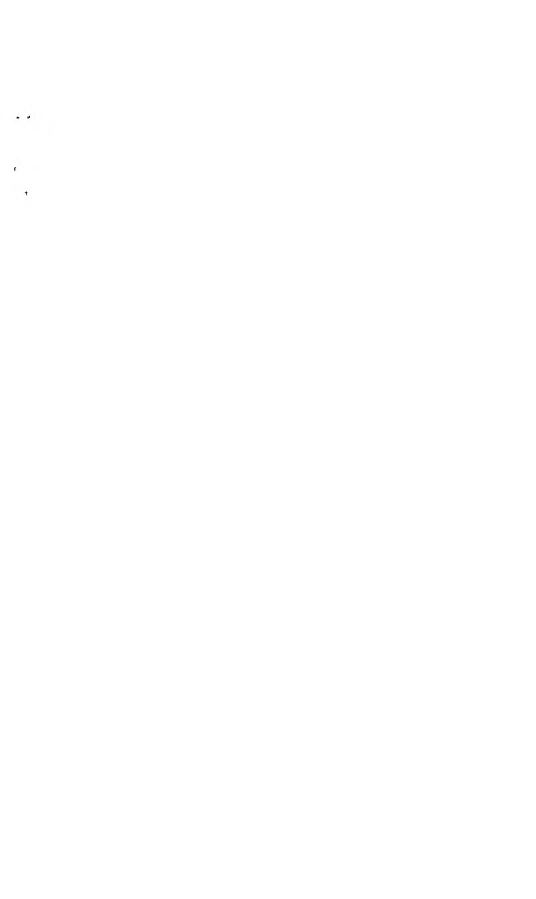
### A Case of Seropulous Corneitis—Recovery

Naphar Chandra Roy, a Ind. aged about 11, of dark complexion, thin make, with a head indicating the existence of hydrocephalus at an early age, came to me first on the 31st of December 1869 for periostitis of the right Tibia. He improved under Rhus Tor. 6 and then disappeared till the 23rd February 1870, when he came with fully developed synovitis of both knees. I give him Bryonia 6 under which the synovitis greatly improved. But the pains about the joints continuing I resumed Rhus Tor. 6 on the 4th March.

On the 8th March I noticed inflammation of both the corneae. The corneae had lost their transparency, having become nebulous from the deposit of lymph in the interstices of their tissue; and there was the well-marked sclerotic zone. Along with this there was considerable photophobia. I at once gave him Sulph. 6, as on inquiry I found he was born of syphilitic parents. On the 11th he seemed to me to be somewhat better, but he did not admit the improvement and complained of greater pain in the eyes. He continued the Sulph. but it did not improve him—the 10th. The inflammation was now disappearing and did not make its reappearance till the 23rd.

when I found the eyes had become so puffed and were then they were ever before. I then was now under the impression of the whole eye, I said a good deal of photography so much so that the two would not allow the eyelids to be opened for examination of the cornea. Having in a previous experience derived benefit from Quinine I prescribed that drug and continued it till the 27th when finding no improvement I tried *Atropine*, but with the same unfortunate result and benefit. On the following day, in despair I gave iodine of Potass. in grain doses with decoction of *Cinchona*. Finding not the least improvement, I again gave Quinine with port wine on the 30th. The eyes continued as bad as ever. I could not see the cornea as the eyelids were so spasmodically closed, and the least attempt to open them threw them into such spasms that the examination of the eyes were absolutely impossible. Even if I could succeed in forcibly opening out the eyelids they would get so everted and the eyeballs would be so instinctively turned up, that only the lower portion of the sclerotic and just the lower edge of the cornea would be seen. I continued the Quinine and port wine till the 31st.











the candle. The general health of the patient was somewhat impaired but there was no particular symptom. I prescribed *Calc. C.* 30. This was continued till the 30th when perceiving no tangible improvement I gave *Arg. N.* 6, having found it so eminently serviceable in ulcerations of the cornea. This was used for 6 days, but finding no benefit from it, I ordered *Euphrasia* 6 on the 6th August. No improvement; *Arg.* 30 on the 11th. No improvement, *Sulph.* 30 on the 15th. No improvement. Stopped medicine from the 20th for 3 days, after which on the 23rd prescribed *Bell* 30. From this day the patient began to improve rapidly. The inflammation of the whole eye became less, the photophobia diminished, the cornea began to clear off, its ulcers began to heal. By the 16th of the next month (September) the patient was nearly all right, the photophobia and the vascularity of the cornea having disappeared. Only slight nebulous and leucomatous specks here and there.

#### Remarks

The great difficulty experienced in the treatment of this case was in the selection of the remedy. The symptoms were so few that the process of elimination could hardly be employed in the determination of



and at full and new moon. Since May or June, 1867, she began to have prickings of the chest (stomach) which is the first commencement of fits from which she is now most intensely suffering.

#### PRESENT SYMPTOMS

The fit is ushered in by a pain which commences as pricking first in the left hypochondrium. Then she experiences as if something pressed against the chest (diaphragm). The upper part of the abdomen (epigastrium) becomes tense and tympanitic, in consequence of which she feels as if suffocated, she then experiences cramps in the extremities which become very troublesome; cramps are also felt in the neck, shoulders, and over the spine. When the fit is over she feels the limbs very painful. She does not become unconscious during the fit, remembers whatever happens at the time. Headache during the fit. Before the fit she has nausea and occasionally vomiting, which sometimes, but not always, relieves the pain. After the fit is over she feels prostrated, remains quiet, almost speechless. After the fit is over, she does not feel inclined to take water or to go to stool. There is no regularity in the appearance of these fits. They have evidently become more frequent and more intense.



symptoms were taken down. Ordered Calc. C. 30  $\frac{1}{4}$  drop twice daily.

7th, 10-20 A M —Pulse 92, intermittent, intermittes from after the 8th to the 10th beat. Respiration over the right scapular region very feeble, almost inaudible. Percussion note duller than on the left. In the right axillary and infra-axillary regions the respiration is feebler than on the left but not so much as in the scapular region of the same side. Percussion over both subscapular regions is somewhat painful. Expectoration thin, bloody, darkish, with few lumps of mucus floating in the bloody fluid.

Cont. medicine

8-20 P M —Pulse 80, intermittent as in the morning. Character of respiration same as in the morning. Says she feels easier, eructates better, no fit up to this hour. Had prickings in the hypochondrium as usual from 1 to 6 P M but much less in intensity than before. These sensations disappeared after vomiting at 6 P M. The vomited matters consisted of sour fluid, and with the 2nd and last vomiting, which took place an hour after the first, a minute clot of blood was observed. The pain in the ovary continues. Headache slightly increased after the vomiting. The right upper extremity feel colder, rubes and become







Cough less, and has not expectorated any blood. In fact she does not feel particularly weak after the fit as she used to do before. Respiration nearly the same in both lungs. Pulse 86, less irregular. Tongue cleaner. Countenance brighter. Burning with the urine slightly greater, as also the pain in the left ovary. Sleep disturbed by dreams of fighting with cutting instruments. Discontinue *Sepia*. Resume *Calc. C*.

12th, 5 P.M.—Pulse 94. Respiration in the right lung not perceptibly different from that in the left; no headache since last evening. Tongue clean, moist; none of the gastric symptoms present, appetite better. Urine less high-coloured and burning during micturition less. Sleep sound, undisturbed with dreams. No cramps since yesterday, expectorated blood twice after 10 A.M. Some burning of the hands and feet, which had commenced just before the expectoration. To have medicine only once a day.

18th, 11-15 A.M.—Expectorated blood yesterday at 2 P.M. Has expectorated again at 7 A.M. to-day. Every time this was preceded by burning in throat and stomach. Had no fit yesterday. No stool yesterday none to-day as yet. Pain in lower belly less. no burning in

the genitals yesterday, but some today; the leucorrhoeal discharge is somewhat less and thicker. Appetite better in the evening than in the morning. *Nux vom* 30,  $\frac{1}{2}$  drop at 3 P.M.

19th, 2-25 P.M.—Feels much stronger. Verrugo considerably less. Heaviness of the stomach after the morning meal is entirely gone. Leucorrhoeal discharge continues but less; pain in lower belly (left ovary) less, burning in genitals less. Bowels continue constive. Cont. *Nux Vom*.

26th, 2-40 P.M.—The last course which had commenced about 8 days ago was quite normal. Appetite much better, but bowels continue constive, sometimes they do not move for 2 or 3 days. Some heaviness of the right chest, felt particularly in the morning. The spittle is of rose hue for the last 3 days. One point in the history of her case which was omitted to be mentioned before is that the pain in the lower belly has increased since she fell from a staircase last March since which she is unable to move about without pain. To have *Rhus Tox* 12.

2nd August 3 P.M. The heaviness of the right chest as well as the rose spittle disappeared on the 1st of August taking *Rhus*. Slight headache since last 24 hours. Bowels continue constive.

but still do not open every day. Cont. Rhus.

6th to 10th—No medicine.

11th—The only complaint now remaining is the continuance of the leucorrhoeal discharge.

*Sepia* 30

16th—Pain in lower belly has increased; she feels it on sitting for stool, in making water, and even on coughing. This is probably an aggravation brought on by *Sepia*. To have no medicine.

22nd Saturday—Fever since last night. No fever now (9 P.M.) Had menses which commenced on Sunday night and had continued till this morning. Pain in lower belly continues.  
*Nux Vom.* 30.

25th, 11-45 P.M.—Fever every day, comes on at night at about 11 P.M. and continues till morning up to 7 or 8 A.M. Vesicles on the tongue and other parts of the mouth and probably along the oesophagus and trachea. Difficulty and pain in speaking and swallowing, some of these vesicles have broken into ulcers. Unequal pulse, 100 counts after every 3rd or 4th beat, no 88. A.C.N. 100 drops three daily.  
26th, 7 A.M.—Pain in lower belly about half relieved, the leucorrhoea has increased, but it is not so offensive as before. The

fluid is tinged red and contains minute clots of blood. The vesicles have all burst and formed ulcers; complains of pain in the chest evidently in the course of the bronchi and their ramifications. Cont. *Nitric Acid*.

28th, 8 P.M. —Better in every respect. Fever was less last night. Salivation and exudation of blood much less. Appetite better. Ulcers in the mouth looking healthier. The throat is less swollen. Cont. medicine.

30th, 8 P.M. —The ulcers much better. No fever last night. Pain in lower belly less, but swelling of external genitals (only reported to-day) continues. Feels much better to-day. Cont. medicine.

She continued steadily to improve under *Nitric Acid* and she was all right by the middle of this month (September).

#### Remarks

There was great improvement in the patient's condition. The principal complaint was the swelling of the external genitals, which was relieved by the use of the medicine. The patient was all right by the middle of this month (September).

## INFLAMMATION OF RIGHT PAROTID GLAND 91

believed to be incurable. Nothing but culpable scepticism would speak of the recovery of the patient as one effected by unaided nature. We believe this case satisfactorily proves that weakness caused by disease is better combated by remedies directed against the very springs of the disease than by the so-called "stimulants" and "tonics" and "generous diet." These have of course, their uses in appropriate cases and in particular conditions, but the true curative agents are those which can influence the ultimate nutrition of tissues through their controlling nervous centres.

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### Inflammation of the right Parotid Gland, threatening suppuration, dispersed by Hepar Sulph

The patient—a young child,  $3\frac{1}{2}$  years old, was first seen on the 7th instant, presenting acute inflammation of the right parotid gland—there was erysipelatous blush in the adjacent skin extending over the cheek and even the nose. There was slight tenderness to touch. The case was ordered

*Staph. 30. R. Hepar Sulph. 30. M. S. 3. T. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30.*

ded over the right eyelids so as to close the eye altogether. Medicine discontinued.

13th—Swelling of the eyelids a little less. In other respects the same.

14th—No better. Sulph 30.

17th—No better. On the contrary there was every indication of suppuration taking place in a day or two. A few pimples have made their appearance in the face. Hep S 6.  $\frac{1}{2}$  drop twice a day.

18th—Swelling less. Hep continued.

19th—Swelling considerably diminished. Hepar discontinued.

From this day the inflammation got less day by day till on the 26th there was no vestige of it remaining.

In this case there could be no doubt that Hepar effected the discussion of the inflammation.

### Acute Rheumatism

Basanta Kumari, aged 6 $\frac{1}{2}$  years, was first seen on the 5th September 1868, when she was found suffering from the following complaints:—

A dense inflammatory fever, with burning heat of the skin and a full bounding pulse. 120 swelling and pain of the joint of the upper

and lower extremities from the shoulder and the hip to the last joints of the fingers and the toes, the smaller joints being less affected than the larger, tenderness of the abdomen on pressure so great as to lead to the belief that the peritoneal as well as the mucous lining of the intestines were probably involved in the inflammatory action, the salivary and inguinal glands were considerably swollen and painful. Tongue white, thickly coated. Urine high-colored. No stool since day before yesterday. The history of the case is, that on Tuesday last (Sept 1) she took acid fruits, got fever on the next day and pains in the limbs, joints and glands on the day following. Ordered Merc. Sol.  $\text{ss}$ ,  $\frac{1}{4}$  op every 4 hours.

6th Sept. 5 P M—Tenderness of the abdomen somewhat less. But fever continues. The stools as bad as before. Palpitation of the heart, no murmur with the sounds. No stool.

7th Sept. The joints to be wrapped with cotton.

8th Sept. 2 P M—Fever continues but perspires. The stools less offensive.



left lower less so. Passes urine freely. Bryonia continued.

9 P.M.—Fever considerably less, but they say the pain in the joints of the upper extremities have somewhat increased. Fast asleep just now. Medicine to be discontinued.

8th, 1 P.M.—Quite free from fever, the pain of the joints much less; almost no pain in the hips, no stool. No medicine.

10 P.M.—Slight accession of fever. Pains in the left upper extremity slightly increased; no stool. Pain on pressure in the abdomen much less. The tongue still thickly coated, the conical and the filiform papillæ both enlarged. No medicine.

9th 1 P.M.—No stool, free from fever. Tongue still bad. Pain and swelling of the joints much less, pain in the abdomen continues, though less than before. No medicine.

8 P.M.—Slight excitement. Itching and sudamina throughout the whole body, no stool. No medicine.

10th, 4 P.M.—No fever, no stool, pains almost gone. Has been able to come out to the veranda where he is sitting. Tongue

11th, 1 P.M.—No fever, no stool, pains almost gone. Has been able to come out to the veranda where he is sitting. Tongue

1

2

3

4

5

6





R Hyd. Chlorid gr ʒ

Ext. Hyoscyamus gr. ʒ to form one pill.

Two of these latter pills were taken at night and the pain abated much

21st, Tuesday—The pain again increased and the distension of the abdomen remained the same as before. The 1st pills were repeated but the symptoms did not change in the least. He had nausea the whole day and vomited thrice, once in the morning, once in the evening, once at night. He had several stools at night, especially towards the latter part. Was very uneasy the whole night, and had no sleep.

22nd —Had several stools, thin and foetid, of a greenish colour, having bloody mucus in them. One opium pill was again given, so that he had altogether 7 of these pills (14 gr of mercury and 7 of opium). This day a medical man from Calcutta was brought in who applied a mustard plaster over the abdomen, and ordered a few doses of Dover's powder of which one only was taken. He said the pulse was weak and flickering, and the patient was becoming exhausted.

On the 23rd the patient died before the

afternoon

of the 23rd

of the 23rd



Urine not so high coloured as before. Drowsy  
Fever rather slight but of longer duration than  
on the previous day. Abdomen a little more  
distended. Arsenic continued.

27th—In the morning much easier, but  
burning continues, especially in the right hand  
and palm. Had fever at about 4 P M—Remission  
after 3 or 4 hours. Thirst Sulphur &c

28th—Easy in the morning, pain diminishing  
This day visited him the second time, and  
gave him Camphor. It was reported that after  
Camphor he had much less fever than in the  
previous day.

29th—Very easy in the morning. Removed  
to Calcutta. Had no fever and no burning.  
Stools less in numbers, a little distension still  
remains. Camphor continued.

30th—Very easy, almost no complaint, only  
a little distension continues. One dose of  
Camphor.

31st—Took up at Delhi and Gonda  
leaves. Buttermilk put over the abdomen  
every 2 or 3 hours.

## PROGRESS OF THE EXPERIMENT

1st. At 10 a.m. 200 cc. of the test solution of 10% iodine in water. No effect observed in 24 hours.

2d. 200 cc. of the same - no distension. No appetite.

3d. The body was injected with water under the skin full dose of the 10% iodine solution of Iodine with the starch. No Vom.

4th. Very good stool. Iodine gives stools of red. No appetite in the afternoon. No vom. No Vom.

5th. Only one stool of the blood with stool. appetite not strong. No vom.

6th. Blood continues no distension. Has appetite. Feels comfortable in other respects. Rice stopped. Only barley water given as food.

7th. 1st appearance of stool with the stools. Two pieces each about 4 inch square, a trace of rice. No vom.

8th. 1st stool of the rice. No vom. this day. 9th. 1st stool of the rice. No vom. No vom.



and pus with the stools. *Arnica* 6. Stool much better in the afternoon after *Arnica*.

12th—Blood and pus. Discharge of scybala. *Arnica* repeated.

13th—Stool same as before. Blood continues. Appetite increasing. No medicine.

14th—Blood and Pus continue, rather increased in quantity. *Mercurius Corrosivus* 30. Blood and pus much less.

15th—Blood and pus much less. Appetite increasing and food was increased with the increase of appetite. *Merc.* 30.

16th—Streaks of blood and very little pus. No medicine.

18th—No medicine. Discharge of several scybala. Blood and pus continued but much less than before.

19th—Discharge of scybala, but not so many as on the day before. *Nux Vom* 6.

20th—Discharge of scybala. Very little food and pus. No medicine.

21st—No medicine. Very good stool. Several scybala and almost no blood.

22nd—Appearance of blood again. Scybala

continued.

(Punjab)

(Punjab)



commencing in the evening and increasing in the night, thin stools three or four in number, sometimes containing even the ingesta, only in the night. Consequent upon this there was proportionate weakness and anæmia. On particular inquiry I found that the indigestion has resulted since the patient has ceased to have the regular course. The patient was a young girl of 15. *Pulsatilla* 6, in doses of 3 globules three times a day, was ordered. At the end of upwards of a week, the report was that there has been no improvement, in fact, there has been no change either for the better or the worse. *Pulsatilla* being still indicated I give it in the same attenuation again, but in the form of tincture instead of globules. The improvement at the end of a week was so slight as not worth reckoning. The drug was in consequence ordered at the third dilution in tincture, and from the day this was done, decided improvement in the symptoms commenced. The symptoms became less, the stools became thicker in consistency and in number, the appetite improved, the general health improved.



involved in the inflammatory process. Signs of abscess here and there were visible but on opening one of them blood and sanious fluid oozed out. The woman, old as she was, was greatly prostrated by fever and the pain in the affected parts. Blisters formed on the skin of the dorsum of the foot and there was every indication of impending gangrene. *Hepar Sulph.* was now used and in the course of a few days distinct fluctuation was noticed in places where the formation of abscess was suspected. These were opened one after another, and purulent matter came out. All these openings formed the mouths of long sinuses and the use of *Hepar S* did not succeed in causing them to heal. It was therefore discontinued, and the *Tinct. Fer. Mur.* substituted in its place. Nor was this of any use in promoting the healing of the sores. They continued as bad as ever. *Silica 30* was now used. It did some good, but the improvement was stationary. *Silica 12* was next used and it effected the final cure in about 2 months. By the end of September last she was well enough to walk about.

R. S. C.

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was of a frightful nature; the face, especially the eyelids, were so swollen as to cover the eyes. The hands, abdomen, scrotum, and the lower extremities were so swollen as to pit deeply on pressure. There was no pain anywhere. The child was free from fever, the bowels constive and the urine scanty. *Pulsatilla* 40 and dry regimen were ordered. In the course of ten days the recovery was complete.

### Remarks

The above case offers an instance of therapeutic success with remedies selected according to the indications presented by the immediate exciting causes of diseases. Upwards of a year ago I cured a case of epilepsy after childbirth which was evidently brought on by a fall immediately before delivery by *Rhus Toxicodendron*. Cases of fever, diarrhoea, congestion of the brain, or of any other internal organ have been cured by *Dulcamara*, whenever we have been able to trace their origin to wetting. And so on.

### A Case of Condylomata around the Anus

I had a case of this kind admitted in my dispensary in the month of November last. The patient was a young man, who had been suffering from these growths around the anus for some time, and was greatly distressed. He had tried many remedies, but without success. He was finally cured by the use of *Dulcamara*, and is now in good health.





### A Case of Hysteria. Recovery

Babu R. D. M. placed his wife (then aged 31 and mother of seven children, the age of the eldest 18½, of the youngest 3½) under my treatment in May 1870. Her symptoms were; Hysteric fits every day in the afternoon or towards evening. The fits were characterised by loss of consciousness, violent convulsions, and involuntary loud cries alternating with loud laughter. The duration of the fits varied, being sometimes as short as five minutes, sometimes as long as half an hour; generally they used to last from twenty to thirty minutes. Just before the fits she would complain of her jaws being compressed with great force, which caused inability to open her mouth, this lock-jaw continued throughout the fit, except when involuntarily opened by cries and laughter. She also felt as if something were moving below her throat, and as if a millstone were pressing against her chest. She also fancied that she saw figures of demons with numerous heads and large teeth, who seemed to converse with her. When not in the fits, the following symptoms were continually present giddiness; rumbling in the bowels, incontinence of flatulence, escaping neither upwards nor downwards,











I was then placed under Kavirajs, and although I remained under their treatment for a fortnight or three weeks, I did not derive the slightest benefit, notwithstanding their promise to cure me in a week. I then let off regular treatment for a week or ten days, and without taking any medicine internally, went on applying externally medicines from quacks. The result was the same, that is, no improvement."

When on the 16th June I took him under my care, there were the following symptoms.—Deep yellow colour of the conjunctiva and though the skin was dark-coloured, the jaundice was well seen in it too. Slight enlargement of the liver. Some feverishness in the afternoon. Gave *Nux V*.

19th June—Has been taking *Nux V* but without any tangible improvement. The medicine was continued in the belief that its trial has not been sufficient.

21st—Not the slightest improvement being reported, discontinued *Nux V* and gave instead *Bryo n*. The improvement was rapid from this date and by the end of the first week of the present month he was cured and at the present time he is in the best of health.





pain was at first felt only when lying on back, after sometime it was felt in all positions. Sir put was treated with tincture of iodine, when he came to his native village Barrow he had examined by the doctor in charge of the station, according to whose advice compound iodine ointment was applied for sometime. This producing no beneficial effect, he took Hæm S O which seemed to relieve the pain for a short time, but the pain returned in an aggravated form and a deep-seated abscess was diagnosed. The abscess was opened on the 20th January of this year. A quantity of thick, apparently healthy pus came away. There was some bleeding. The ulcer was treated at first with warm water injection and application of lint, but, showing no tendency to heal, iodine with water, instead of simple water, was used as injection, and iodide of potassium was given internally. Still there being no tendency to heal, carbolic acid was substituted for the iodine in the injection. No improvement following, the doctor made a careful examination on the 10th March, and discovered a sinus at the top. The patient, taking fright at this, begged to come to me on the 12th. I gave him a course of iodine and day improvement commenced. Carbolic acid was gradually diluted to 1 in 1000 and continued for 10 days. On the



He began to feel somewhat uneasy in the evening, but, being an opium-eater, took his usual quantity of milk. On going to bed at about 10 P.M. he got strong fever, which continued unabated the whole night. In the night he had to go to stool twice, and as it was raining that day he got wetted. On the following morning (2nd August) the fever somewhat remitted, but only to come on with greater intensity. The fever was accompanied by excessive thirst. From evening of this day the patient began to be unconscious and delirious. On the 3rd day the stupor and the delirium increased. This alarmed the family, and I was sent for on the 4th day. I saw him in the evening of Aug. 4. The patient did not appear to recognize me, though he knew me well. I noted the following symptoms —

Delirium, considerable depression, pulse very frequent, heat not considerable, tongue dry, and as far as could be made out by candle-light, yellow tinge of the conjunctiva. Prescribed *Rhus T* 6,  $\frac{1}{2}$  drop every 4 hours. Saw him again at 10 $\frac{1}{2}$  A.M. of the following day (5th August). Found him much improved. He could recognize me, and there was hardly any delirium; the pulse was better. The jaundice was deep. Give *Pice* 5,  $\frac{1}{2}$  drop every 4 hours. In the evening report was brought to me



such vexed question of "Auxiliaries" In the case under notice the professional reader no doubt has noticed the administration of the injection of tepid water with castor oil followed by relief to the patient, and as far as could be judged, this procedure did not stand in the way of recovery, it, indeed, it did not accelerate it. The injection was given without my advice, and probably, if I had been asked, I would not have advised it. In many instances patients have recovered, though they did not pass any stool for such a length of time as from a week to three weeks. In some instances where the patients had become impatient to have a stool, I have seen the use of what are called "mild aperients" and even of simple tepid water enema followed by unpleasant disturbances, such as aggravation of the fever, diarrhoea, &c. I say in some instances, and not in all. Sometimes, though very rarely, the artificial evacuation of the bowels had led to the removal of the residue of the disease, if we may so call it, and thus has helped the progress of recovery. Under these circumstances it is not easy to decide this question of auxiliaries. All that we can lay down on the point is that they should never be had recourse to except under the most urgent circumstances.

### **A Case of Cholera. Recovery**

Mabesh, a boy of the weaver caste, aged 15, was admitted in my Out-Door Dispensary, on the morning of the 6th May, for diarrhoea, vomiting and gripes which had commenced it about 5 A.M.



and the pains in the abdomen as bad as before. Men. C 6, one dose. After this he again passed a copious watery stool and became collapsed; thirst so violent that he loudly called for water, ran to the street-pipe and drank water out of the hydrant. On being restrained he ran away from the house and drank water from a distant hydrant was brought back by the mother in a state of perfect collapse.

5-30 P.M.—Pulse hardly perceptible, eye sunk and without lustre; complains of severe pain in the stomach, rolling on the floor and screaming in agony. *Ars.* 12, every  $\frac{1}{2}$  hour.

7 P.M.—Pulse very small and thrilling; other symptoms continue unabated; passed on scanty stool consisting of mucus and water.

9 P.M.—Pulse a little better; pain, which at times burning, continues, empty eructations cold all over, especially at the extremities. *Carb.* V 40.

10-30 P.M.—Pulse improving. No amelioration of either the pain, or the restlessness, or thirst, but cannot drink largely at a time. *Ars.* 1 and *Carb.* 40 alternately at intervals of 15 min.

11-30 P.M.—Pulse still improving, but the heat of the head is not so much relieved. *Ars.* 1 and *Carb.* 40 alternately at intervals of 15 min.

# A CASE OF CHOLERA

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being asked, he says the pain has not abated; eyes injected, had more scanty stools, the last watery and of a yellowish colour. no urine; no more medicine.

May 7th, 6 A.M.—Pulse quick and small, but countable; eyes dull and injected; spasmodic pain in the stomach continues. empty eructations now and then; reaction very imperfect. Capsum 30, no urine.

9.15 A.M.—After taking a little sugar-wandy and water, he vomited a large quantity of bitter watery fluid of a greenish colour.

4 P.M.—Pulse much better; no urine; eyes dull and injected, speaking incoherently now and then; body warmer, extremities still cold. Bell. 30.

10 P.M.—Delirium much less, eyes red; pain in the stomach decidedly less. Repeat Bell. 30.

2 A.M.—Conjunctiva less injected, no more stools, no urine; reaching now and then with scanty vomit; appears perfectly in his senses; extremities warmer. Stop medicine.

May 8th, 6 A.M.—No more pain in the stomach, no stool, no urine, no delirium; pulse 100, not accelerated, eyes more healthy-looking. Ordered 10 grains of the sugar-water.



### A Case of Cholera

(Reported by Dr B. N. Dutt)

Basanta Kumar, aged 15 months (son of Babu Amrita Lal Paul of Shibpore) suffering from a chronic diarrhoea for 3 months, was attacked with cholera on the 3rd Oct. 1874, at about 1 P.M. After about one hour from the breaking out of the disease I was sent for, and I found the child with the following symptoms—pulse quick and feeble; extremities rather cold; eyes sunk; restlessness, thirst and prostration. Before my arrival, had one copious watery stool and vomited once. I gave a dose of Ars. 3, which quieted the child, and for the next 6 hours he neither purged nor vomited. At 9 P.M. I again saw the child, when I found the pulse improved, extremities hot, but he was now passing watery stools of a whitish colour the discharges being preceded by rumbling and slight distension of the abdomen. Guided by these symptoms, I prescribed *Acid Phos.* 2 with direction to repeat the medicine after every stool.

1st Nov.—Patient seems better, distensions of the abdomen less, no rumbling, stools yellowish, passed no urine since the breaking out of the disease. I prescribed *Canth* 6

2nd—Passed urine once when not



rigidity of the hands at present; had 7 scanty, watery, foetid stools during last night; passed urine twice. When the child lies on his back, he feels a slight difficulty on deglutition.

4 P.M.—At the suggestion of Dr. Sircar I had given 3 doses of *Chininum Sulph* 1, during the intermission, but the medicine could not keep off the fever paroxysm which came as usual at 5 P.M. The following report was sent to Dr. Sircar.

5th—Had several foetid stools at night; abdomen distended, pulse 108 and regular. He sent *Chin* 30.

Evening—Dilatation of the pupils less; still drowsy; had 2 scanty stools, passed water once at 11 A.M.; pulse 108, skin hot, fever came at 3 P.M. Dr. Sircar sent the following directions. "I should do nothing during the fever, but would resume *China* after its subsidence."

6th Morning—Difficulty of opening the jaws. Had to give a dose of *Bell.* at 9 P.M. At 2 A.M. the dilatation of the pupils was found much less, spasmodic closing of the jaws, pulse 96, skin slightly hot. At 3 A.M. gave a dose of *Cup Ac* 1, had 3 scanty stools of the same colour and consistence as before stated micturited once, abdomen distended. After the administration of *Cup* the symptoms suddenly changed for the



11th—Pulse 102, skin very slightly hot; no stool, micturited twice, whitish deposit in the urine, no medicine. Diet—boiled rice.

12th—Fever came at 8 P.M. last night; skin still hot, pulse 120, no stool; micturited twice. As directed by Dr Sircar, I gave *Nux V.* 6 in globules.

13th—Pulse 126, skin hot, the temperature of the right leg is higher than that of the left; one yellowish stool at 4 A.M., tongue red and hot; protrusion of the tongue, twitching of the facial muscles, constant rolling of the eye-balls, attended with movements of the head, pupils slightly dilated, occasional moaning, less desire for food. *Bell.* was given, however, not having done any good. *Fluxus* was given at the suggestion of Dr Sircar.

14th—Pulse 120, skin slightly hot, no stool, micturited once, tongue red, rolling of the eyes, less movements of the head, less moaning; *Fluxus* was given at the suggestion of Dr Sircar.

15th—Pulse 120, skin slightly hot, no stool, micturited once, tongue red, rolling of the eyes, less movements of the head, less moaning; *Fluxus* was given at the suggestion of Dr Sircar.

16th

17th

18th



was suffering from colic.

19th, 5 P.M.—Pulse could not be counted on account of incessant convulsions; spasms of the whole body, especially of the hands and legs, with rigidity of the neck, stiffness of the sterno-mastoid muscles; constant, loud crying, distortions of the facial muscles; coldness of the feet. *Nux V.* 30.

20th—Pulse 114; skin slightly hot; no stool for 2 days; neck rigid, but the sterno-mastoids less so, inability to open the mouth; convulsive movements of the hands less. The loud crying has changed into weeping. *Nux V.* 30.

20th, 3-30 P.M.—The sterno-mastoid muscles are soft, the neck bent backward, the spasms have again become very violent. After giving 2 doses of *Nux 200*, I tried *Colocy 6*, with the same unsuccessful result. Incessant loud crying, eyes upturned with rolling of the eye-balls. Prescribed *Bell. 12*.

21st—After the 2nd dose of *Bell* the child slept for about an hour, and on waking, a third dose was given, this was succeeded by a quiet sleep for more than two hours, the frequency and the severity of the spasms were also less, had 3 very scanty stools, and passed urine twice. Skin hot, pulse 120.

3 P.M.—After a further full the spasms

[illegible]

The first of these is the fact that the
  $\text{C}_{60}$  molecule is a truncated icosahedron,
 which is a polyhedron with 32 faces, 60 vertices,
 and 90 edges. The second is the fact that
 the  $\text{C}_{60}$  molecule is a highly symmetric
 molecule, with a symmetry group of  $I_h$ .
 The third is the fact that the  $\text{C}_{60}$  molecule
 is a highly stable molecule, with a
 dissociation energy of about 10 eV.

and After the detonation of C-6, the shell continued to burn at the nose, the pyrotechnic and incendiary weapons continued unscathed. From the above report Dr. Sauer concluded:

Notes: The spines appear less, but the styli continue swelling of the lower half of the 1st eye with embryonicity; the spines commence at 7 A.M. and increase until 3 P.M. when they have attained the greatest thickness of the extre-



the nose at intervals, crying. For the above symptoms Dr. Sircar directed to resume *Cinca* 200.

26—Spasms much less, crying less; no more rigidity of the neck and limbs. From this time the child made steady progress towards improvement, and in about a week, all the untoward symptoms entirely disappeared, although they left the child severely prostrated.

### A Case of Elephantiasis of the Left Leg

Biswanath, aged 50, was first seen at the Out-Door Dispensary on the 14th June, 1879.

Previous History—He had inflammation of the lymphatics of the left leg about 25 years ago, accompanied with fortnightly attacks of lunar fever, and suffered from several such periodical attacks for a long time, followed by an interval of comparative freedom from the fever, which used to come on every 2 or 3 years. The attacks resulted in slight increase in the bulk of the left leg. Since the last 10 months the fever has been re-appearing with its former violence and periodicity. With each attack of the fever there was some increase in the elephantiasis in on which it last appeared several large nodular prominences.

Present Symptom—The elephantiasis was confined to the lower part of the left leg from



amenable to medicinal treatment, and is therefore looked upon as one of the opprobria of medicine. Under Homoeopathic treatment we have found the disease kept in check, but not cured. This is the first case, in our hands, which has resulted in the most satisfactory cure. Arsenicum, and Hydrocotyle Asiatica (so much vaunted in elephantiasis) did no good whatever. Spigelia, which was selected for the peculiarity in the time of appearance of the fever, not only removed the fever, but with it nearly half of the skin affection. Silicea, which scarcely did any good in the beginning, completed the cure, after Spigelia.

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### A Case of Haematuria

R. L. M., aged 45, came on the 7th of May 1881, to the Out-Door Dispensary for treatment of bloody urine, which he was passing for about a week.

Previous History—He had gonorrhoea in his 19th year, since then he had led a debauched and intemperate life till 4 years ago, when he was attacked with dyspepsia, for which he had recourse to old school treatment. He had derived so much benefit therefrom that he discontinued all medicine for four months previous to the appearance of the haematuria. For 8 days immediately before the attack of this disease he had to keep up nights and to take his meals at

for him to go to the hospital, and to have the  
 kidneys replaced if it were found that  
 period he was a patient in the hospital of his  
 own, and that he was not his own. He  
 he began to pass bloody urine, for which he  
 had been under the treatment of a well-  
 known old school physician for a week without  
 any benefit.

At the time of his admission he had no  
 other complaint than the bloody urine and the  
 consequent feeling of weakness with slight pain  
 in the bladder. The quantity of urine was  
 normal, mixed with coagulated blood. He had  
 given to him *Canth. 6*, *Nux. V. 6*, *Puls. 6*, *Tereb. 4*,  
*Am. 6* and *Am. 2* in succession, without any  
 effect. On the 19th *Canth. Veg. 12* was given,  
 and the blood disappeared after two doses. The  
 patient improved daily under the medicine which  
 was continued for a month. We see the patient  
 almost every day, and we are glad to say that up  
 to date

removing it in the most prompt manner and the shortest possible time. The pathogenesis of Carbo Veg simply gives - 'Dark red urine, as if it was mixed with blood. Reddish turbid urine.' No mention is made of clots of blood with the urine. We were led to its selection in the present case, by our previous experience of the efficacy of the drug in hæmorrhage from the rectum with coagula.

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### A Case of Strangulated Hernia

Bibu ....., aged about 70, is subject to right inguinal hernia for upwards of ten years, in consequence of which he occasionally wears a truss. For some days previous to, and on the 14th of this month, he was exerting himself considerably in levelling a certain piece of ground. At about 2 P.M., he suddenly felt a pain as of the threatening protrusion of his hernia. Immediately it began to descend in spite of his efforts to keep it back. The descent was slow so long as he kept his hand pressing against it. The moment he took his hand off it, which he had to do in order to take his baby in his arms, the gut came down and would not go back. It descended into the scrotum forming a piece's beginning. All effort in putting it back having failed, I was sent for at 5 P.M. I found the constriction at the



### Remarks

In this case there could be no doubt that the credit of the reduction of the hernia was due to *Lycopodium*. Whether the repeated vomitings after its administration was due to it or not, it is not possible to say, as the patient had vomited once before. But the stool was evidently the effect of the drug, and the subsequent return of the gut into the abdominal cavity was but a part of the peristaltic movement thus originated. This is not the only instance in which Homoeopathic remedies have succeeded in reducing a hernia after strangulation and after failure of the most careful taxis. In one case I had succeeded with a high attenuation of *Nux Vomica*.

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### A Case of Ulcerating Epithelioma over the left heel cured by *Hydrastis*

Babu K. C. B., aged 24, by profession a teacher, came to the Out-Doot Dispensary on the 31st March 1879 for treatment of an ulcer on the left heel.

Patient stated that while walking in his class he accidentally struck his left heel against a bench, which caused some pain in the part at the time. In the evening he observed a slight swelling of the heel. The next day the swelling increased about twice.

On the 3rd day the swelling had increased still further and a small ulcer had begun to form. On the 4th day the ulcer had increased in size and depth. On the 5th day the ulcer had increased still further and the patient was referred to the Dispensary for treatment.





**A Case of Malarious Fever in a Child, with  
Urination during chill, benefited by Cedron**

Sutendra, aged 4, has been suffering off and on since he was 6 months old from malarious fever, spleen very much enlarged, extending in front to within an inch of the umbilicus, and downwards about 2 inches above the crest of the ileum. Very pale and anæmic. Last attack of fever has commenced since 23rd June. Fever is of the remittent type, aggravation from noon. Motions loose, yellow, 3 or 4 in 24 hours.

29th June—Fever came on a little after noon with slight chills followed by burning heat, and sleep during the first part of the heat. Aco 6, 1 dose. Fever left with perspiration by evening.

30th—No medicine. Fever came on as usual half an hour after noon, lasted the whole night and continued till late in the morning.

1st July—The father of the child reported that both yesterday and day before the child used to pass urine during chill in a half drowsy state. Cedron 6, one dose at 11-30 A.M. Fever came on at 2 P.M., later than usual by an hour and half, was of less intensity but lasted the whole night. Maximum temperature 103°. Did not pass any urine during chill or any other stage of the fever.

2nd—Cedron 6, one dose at 7 A.M., and



### Remarks

In this case *Carbo Veg.* was selected because the patient was by profession a blacksmith, and the indistinctness of vision was supposed to have been produced by the excessive heat to which the eyes were exposed, out of deference to a tradition, how originated we cannot say, but which we have verified often, that *Carbo Veg.* acts remedially against the effects of heat, whether of fire or of the sun.

### A Case of Facial Paralysis

Adya Nath Biswas, aged 45, came to the Out Door Dispensary on the 5th of July 1879, for treatment, having been attacked with facial paralysis of the left side.

Previous history—About 10 days before, one afternoon he had felt a biting and throbbing pain in the occipital region and nape of the neck of the left side. The next morning when he went to wash his mouth he noticed that he could not gargle properly. The same evening one of his children was taken with a severe attack of his

left  
side  
of  
the  
head

The following is a list of the names of the members of the American Medical Association who have been elected to the office of President of the Association for the year 1919. The names are listed in alphabetical order of their last names.

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#### MEMBERS

The following is a list of the names of the members of the American Medical Association who have been elected to the office of President of the Association for the year 1919. The names are listed in alphabetical order of their last names.

AMERICAN MEDICAL ASSOCIATION

She was suffering from dysentery for the last three days and had to go to stool several times, about 40 or 50, in 24 hours. There was no blood with the stools, which were scanty and consisted entirely of mucus. There was considerable pain (gripping and tenesmus) during stool  
Ipec. 6, T.D

On the 20th there was no improvement either in the number of stools or in the pain. A round worm was passed with a stool. Cina 6

21st—The number of stools and the pain were just the same. Kurchicine 10 grs. to be divided into 6 doses, of which she is to have three doses daily

After taking Kurchicine she was much better. The number of stools and the pain considerably diminished, and a large number of round worms, about 15 or 20 were expelled.

Kurchicine was continued in the same dose up to the 26th instant, by which date the pain had ceased altogether, and there was but slight mucus with the stools

On the 2nd March she reported that there was still slight mucus with the stools. Our stock of Kurchicine having gone out we had to give Ipecac again, and this completed the cure within a short time



He gave no medicine, but applied Bellad. liniment and over it a poultice. By the 2nd July the swelling and pain and fever all increased; another practitioner was called in, who rightly suspected the swelling to be an abscess and ordered Quinine mixture internally, and Belladonna plaster externally. On the 5th July this last gentleman called again, and finding no abatement of the fever nor of the swelling, gave up all hopes of resolution, and adopted measures for encouraging suppuration. On the 6th a third practitioner was called in. This gentleman suspected suppuration of the spleen, he applied a large Belladonna plaster over the swelling, and gave fever mixture during fever, and quinine mixture during remission. He called again on the 8th and continued what he had ordered on the 6th.

I was sent for on the 10th. I found the child suffering from intense fever and a painful swelling on the left side of the abdomen. The swelling extended from the left floating ribs to the pubes, the whole region between these parts being indurated and highly tender. The temperature of the abdomen was 101° F., tenderness was very marked, and the child was in great pain.

ca. better

Cont. same diet and diet.

14th—Fever still less. Pain less. The swelling seems less red and a much less indurated mass. Cont. medicine. To have Chapatis (hard made bread) from to-morrow.

16th—Much better. Fever considerably less. Swelling going down and much less painful. To have medicine only twice a day. Diet same.

19th—Very much better. Patient quite cheerful. To have medicine only once a day. Diet same.

22nd—No more fever. Swelling much reduced in size, though the hardness still continues. Child quite cheerful. No medicine for two days.

25th—Child improving rapidly. No more fever, hardness in the swelling less. No medicine. Diet same.

29th—Child can stand supported. No medicine. Same diet (chapatis) for sometime yet.

I saw the child again on the 29th of this month (August) and found him all right. In the sitting posture a slight depression in the abdominal parietes was observed about 2 inches to the left of the umbilicus. This nearly disappeared when he stood up. When the part was pressed a small fluctuation was felt rather deep. The child was well and happy.



lymphatic gland, and did the inflammation originate in it and spread to the surrounding tissues? The effect of Mercurius in causing resolution of an inflammation that threatened suppuration and invaded such an extensive area of the abdominal parietes was marvellous. There cannot be the slightest question that it saved the child from the knife and the consequences of a huge abscess! The administration of *Hepar Sulphuris*, as was advised by a Homoeopathic practitioner, would in all probability have helped the suppurative process and entailed more suffering.

I would draw particular attention to one point in the treatment of this case, and that is the withholding of rice till the inflammation had wholly subsided. A long experience has convinced me that rice-diet is generally very injurious in inflammatory disorders, especially when the inflammation threatens or assumes a suppurative character.

### A Case of Remittent Fever

“ I have the honor to acknowledge the receipt of your letter of the 14th June, 1871, in relation to the case of a young lady, who had been suffering from remittent fever for some time. The patient is now recovering, and I have no further to report at present. I am, Sir, very respectfully,  
Yours truly,  
J. H. Sircar, M.D.”



### Remarks

In this case Bryonia, though clearly indicated by the painfulness of the body and the state of the left lung, did no good. Mercurius removed the lung-symptom, but the fever, which at first seemed to show a tendency to decrease, increased afterwards, and did not come down permanently till Spigelia was administered. I should here mention that the peculiarity of the commencement of the chill as to locality whence it spreads to the rest of the body, often affords valuable help in the selection of the right remedy in intermittent fevers. Sulphur selected by the peculiarity in the taste which was persisting for sometime completed the cure. This case furnishes a good proof that pathology has not yet advanced sufficiently far to help, without symptomatic indications, in the selection of the appropriate remedy.

### A Case of Sciatic Neuritis

This was a good case, and the patient has furnished us with the following clear account of it —

‘On Friday the 5th August last, I felt a little pain in my left knee joint. I took it to be an ordinary rheumatism, and did not pay attention to the

I was not able to sleep, I could not walk easily.  
 I tried all the remedies, but it did me no  
 good. When I lay down it made me restless.  
 I could not walk. I was obliged to confine myself  
 to bed, and in the lying posture I felt comfortable.  
 I had recourse to a Chinese doctor's treatment,  
 he prescribed a method of an old place mixed with  
 turpentine and rock salt to be rubbed over the  
 part affected. I continued the process for a week  
 but got no relief, on the contrary the pain  
 became so violent and acute, that it made me  
 restless and even in the lying posture I could not  
 get relief. I had then to seek for other medical  
 aid, and placed myself under the treatment of  
 two Allopathic doctors, who treated me for  
 14 days. They first prescribed castor oil, hot  
 water fomentation, and liniments to be rubbed  
 on the part affected. I applied the same for a  
 week but it did me no good. Then they  
 directed me to apply a mustard plaster to the  
 part affected. No relief ensued. The pain  
 grew more and more violent, it spread from knee-joint  
 to the hip, and I was obliged to seek for relief.  
 I was then taken to the hospital, where I was  
 treated by the medical staff. The pain  
 continued to increase, and I was obliged to  
 seek for relief. I was then taken to the  
 hospital, where I was treated by the medical staff.





finding no relief he came to Dr. Sircar on the 20th inst. He was advised to take Arn. 3 internally, and to apply a lotion of its mother tincture, attributing the inflammation to the process of fitting corks into phials which the patient, being a Homoeopathic druggist, was in the habit of doing

There was some relief of his sufferings on the first day after taking Arnica, but the pain subsequently became as bad as before. On the 24th he was seen again by Dr. Sircar, who prescribed Sil 10, and the medicine was continued for two or three days without any effect

Thinking suppuration to be inevitable, patient took of his own accord Hep Sulphur. 6 and applied an ointment of Nam (A. aditacht) under which he obtained no good result

He then took of his own accord

for relief

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### A Case of Facial Paralysis

Hriday Malakar, aged 32, was presented himself for treatment, at the Out-Door Dispensary, on the 30th July 1883.

Previous history—The patient was suffering from rheumatism, consequent on an attack of chancre contracted four years before. For the last few days he had swelling of the gums and intense aching pain in the left upper and lower incisors. To relieve this pain he was advised by some one to hold a piece of red hot iron between his affected teeth. Following this advice, he had the facial paralysis of the left side, but the pain in the teeth entirely disappeared.

Present symptoms—The paralysis occupied the whole of the left side of the face together with the left half of the tongue. He had this paralysis for the last 12 days. He had lost all taste in the paralysed portion of the tongue and there was a sensation of coldness in that part. There was constant lachrymation of the left eye with inability to close it perfectly. The left nostril had lost all sense of smell. The left angle of the mouth allowed all water to come out if he tried to gargle and he could not blow properly on account of his inability to retain the wind in his mouth.

And to a very great extent

5050 OF SYMBIONESE LIBERATION ARMY

On the 2nd of August we proceeded to the  
 harbor for my report, & the evening passed

7th Avenue - May 1, 1968 - 10:00 AM

The following table was prepared by the Bureau of Census, U.S. Department of Commerce, for the purpose of illustrating the relative importance of the various types of foreign trade in the total foreign trade of the United States.

### A Case of Syphilis Involving the Liver

[illegible][illegible]

lachrymation, photophobia, gritty sensation supra-orbital pain, &c. But the nebula in the cornea still continued to interfere with his vision.

28th July—*Hep S.* 30 was given.

On the 28th of August, he was seen to be doing well. The dense patch had almost disappeared. The last medicine was continued for a few days more, with complete restoration of his eye-sight.

### A Case of Loss of Memory

J. L.—an East Indian, aged 47, was admitted into the Out-Door Dispensary on the 15th June, 1885, for loss of memory and headache for the last 6 months. He said that he was always forgetful and does not remember words which were said to him half an hour before. He was in the habit of drinking for a long time, and had left off that habit only for the last six months. He thought that this forgetfulness and headache might be due to his former irregularities. The



hour or an hour and a half if no measures were taken to relieve it. This distressing symptom would never come on while reading, nor during the night even when writing. He had also vertigo while walking, whose sudden appearance compelled him to sit down for a while. Frequent micturition and loss of sexual desire were the other complaints from which he also suffered during this period. *Crotalus 6* was prescribed.

On the 6th, he reported that he was considerably better and had no loss of vision during that period. The same medicine was continued.

11th — His servant came and reported that his master was doing well, and had told him to have that medicine repeated.

The same medicine was continued for another 3 days, which relieved him of all his sufferings.

### A Case of Dysentery

A young Chinaman (Chinese) age 14th was admitted

to the hospital on the 15th of

1884

He was suffering from

and

and

and



his urine which was clearly visible after being deposited. This sediment was gradually replaced by small concretions which gave him trouble during micturition. Though he had no decided obstruction still the urine was passed in a thin stream, and by great effort he succeeded in passing out these concretions. *Lyc* 30 was prescribed.

14th—No decided improvement was reported. The same medicine was continued.

19th—He said that he had not passed any more gravel after the 16th.

From the commencement of taking the medicine every morning he used to pass small gravels till the 16th, on the morning of which day he passed a pretty large one about the size of a pea, elongated in shape, and since then he has been doing well.

The same medicine was continued up to the 21st of November, relieving the patient of all his urinary troubles.

### A Case of Hematuria

A patient, aged 45 years, came to me on 7th March, 1885, complaining of hematuria about 10 days. He had a





tion of the heart has come on. He has been suffering from the heart disease for about 5 years and has been treated by Kavirajs and old school physicians but to no effect. He had gonorrhoea also long before the attack of rheumatism.

Symptoms on admission—He complained of a pain and palpitation in the precordial region with sudden attack of vertigo and fainting.

On auscultation a distinct bruit was heard loudest at the apex with the first sound of the heart. He was also suffering from seminal debility, sleep disturbed by dreams, and costiveness. *Spig 6* was prescribed.

8th.—On auscultation the bruit was heard to less distinct than before. *Spig 6* was continued.

12.—He said that his palpitation was much better. *Spig 6* was continued.

On the 15th further progress was reported and the same medicine was continued.

19th.—The heart sounds were almost normal, the bruit was much less, but his costiveness was not relieved. *Spig 6* was prescribed.



him worse still, and he was at last brought to Dr. Sircar. This was on the 25th of February 1886.

Dr. Sircar noted the following symptoms on his first visit : patient pale and emaciated, with a sallow look ; fever of a remittent character, the temperature ranging between  $100^{\circ}$  to  $104^{\circ}$  ; there were two distinct accessions in 24 hours ; spleen and liver both enlarged, right cheek swollen, and inflamed, with a circumscribed sloughing spot in the centre (about half a rupee in size) ; right eye almost closed, jerking pulse, a tearful countenance, and afraid of being touched by any body in the face. Ordered Skil 6, 2 doses.

26th—Sloughing extended rapidly over the inflamed surface, fever as bad as before, constant desire to be fanned, ordered Carbo V. 12, two doses after consultation with Dr. Sircar.

27th—The slough seems still on the increase ; patient very talkative during height of fever. Lach 6.

28th—No further extension of slough, fever now less, but still on the increase. Ordered Skil 6, 2 doses. 29th—Fever has large from 100 to 104, patient is now able to be moved, ordered Skil 6, 2 doses.



filling up yet. Ordered strapping of the wound with adhesive plaster. No medicine.

20th—Wound contracting and the gap filling up. No medicine.

25th—Patient doing well; ordered milk and chapatis with moog soup.

### *Remarks*

In this case Belladonna, which I have found to be very frequently useful in high fevers with double accessions, did no good whatever. The rapid extension of the sloughing indicative of low vitality, with constant desire to be bled, induced us to give Carbo Veg., but it too failed in arresting the disease. The loquacity during the height of the febrile paroxysm and the severity of the local destructive process, giving rise to a septicæmic condition in a constitution previously debilitated by malaria and bad treatment, led us to think of Lachesis, and we were happy to observe its beneficial effects from the very day it was exhibited. We used it for fifteen days with uninterrupted improvement, and we had the satisfaction of seeing the child saved by it from the very jaws of death.

### **A Case of Cholera**

1—A Hindu female, aged about 80 years, came to the Dispensary on the evening of the 20th April 1894. She was suffering from cholera when she

was dead, and to be buried on the following day. From early morning of next day to the 24<sup>th</sup> inst., the horse to pass loose stools. When I saw the patient at 10.30 A.M., I found that she was very weak and listless, but loose stools, but no vomiting. The pulse was strong and bounding. I told the history of the case to the vet. who had taken the gelding and milked two or three days continuously before she came to Calcutta. I then ordered a dose of Camphor water. Two hours after I was called in and upon enquiry I found that since the exhibition of Camphor water she had 5 loose motions; the stools were ejected with great force and spurring and were also hot in character. The pulse at this time was observed to be intermittent. I was then told that she was an opium-eater. I ordered her a dose of Cal. T. 6 and an enema of 1 pint of warm water after the 2<sup>nd</sup> dose of Cal. T. 6. On the 26<sup>th</sup> inst. I found

Sircar, at this late hour, and asked him if I could not give her a dose of *Verat. 6*. He gave me permission to do so but with an observation which I shall never forget in my life, inasmuch as it taught me how very cautious we should be even to give an infinitesimal dose of medicine to a patient. The observation was—"you may give her a dose but I fear it may bring on vomiting," as the patient has had no vomiting up to that time. However, without any further consideration one dose of *Verat. 6* was given at 1-30 A.M., and an hour and a half afterwards the patient vomited and had a watery stool as if to fulfil the prophecy of my father. I went to see her at about 3-15 A.M. and saw the vomited matter and the stool. Instead of being frightened at this I was rather glad, for the vomited matter contained seeds of undigested potatoes and other undigested food materials which I believe relieved the stomach from further irritation. I did not do anything for the patient but simply watched her till 4-30 A.M. She was very thirsty at this time and cramps began to appear in the fingers and toes. I gave her little water to drink and relieved her cramps by rubbing. At 10-15 A.M. she had no more vomiting. Early in the morning, about 11-15, she had three stools.





and was free from it in an hour and a half, without anything being done for it. It however, made its appearance every day, but not at any stated time, and used to last from an hour and a half to two hours. A Homœopathic friend, in view of her delicate condition, could not venture to give her any medicine internally, but simply had given her Puls. 10 to inhale. This, however, was without effect.

I saw her at about 6 P.M., of the 7th inst., the 7th day of her illness. About a couple of hours before my visit she had begun to have the pain which, instead of leaving her as usual, was getting more and more excruciating. On inquiry I learned that the pain is ushered in by frequent urging to urinate with very scanty discharge, the scantier the discharge, the greater the severity of the pain. The pain runs down along the left ureter to the bladder. During the pain there used to be some micturition and stool, and the pain

was not so severe as it was  
 when she was all  
 alone.

100

101

102

she was ordered by her physician to take lithia water which she did for 12 days, that is, for eight days after the pain had left her. So the present was her second attack.

I gave her Barb. 2x, one drop for a dose, to be repeated every 2 hours for three or four doses, if necessary. I learned on the following day that she had to repeat the medicine only once, after which she fell asleep, and has not had the pain since.

### A Case of Acute Rheumatism after taking decomposed Shrimps

*Reported by Amra Lal Sagar, L.M.S*

Sheik Golam Ibrahim, Mahomedan, aged 40, of Calcutta, our press-man, suffered from acute inflammation of both the ankle-joints. The patient states that on Thursday the 6th of September he took some cooked shrimps with his evening meal, which were not quite fresh but slightly decomposed. At night when he was in bed, he noticed that the ankle-joints began to itch and also several petechial patches were found near and about them. The left ankle-joint became painful and swollen. Thus of course he did not mind much at this time. The next day he came to his work as usual after having noticed

and taken rice with the same shrimp which had been cooked the night before.

When he came to work, he showed us his legs which we found to be in the condition described above. We advised him to stop work and await the result. Within two hours the swelling perceptibly increased and became so painful, that the patient felt difficulty to stand.

As his business required him to be long in the standing posture he was obliged to take leave for rest. Assuming that the disease was due to taking decomposed animal food, Dr. Sircar prescribed Ar. 12. This, however, did him no good. The swelling began to increase, the pain increased in proportion, and moreover fever and heaviness of the head supervened. Lark. 6 was then prescribed, and at 4 P.M. the first dose was exhibited. Very soon the patient felt a little relief. The pain was slightly better but the swelling remained almost the same, and at about 6 P.M. he was unable to move with difficulty.

At 7 P.M. a second dose of Ar. 12 was given. This

was followed by a third dose at 9 P.M. The

swelling continued to increase and the

patient was unable to stand.

At 11 P.M. a fourth dose of Ar. 12 was given.

The swelling continued to increase and the

patient was unable to stand.

satisfactory, ordered him to continue the same medicine. The medicine acted like a charm, and on Sunday morning the patient was so well as to be able to walk, without help of any body, to our house which is a mile from his place. The petechial patches subsided on the morning of Saturday. The swelling went down on Sunday and he was perfectly recovered so as to attend his office on Monday.

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### Cases of Gingivitis with Inflammation of Bone

Reported by Dr. Anna Lal Sircar, L.M.S.

Case 1. Prof. N.—Hindu, Brahmin, aged 54, was suffering from severe pain and swelling of the left upper gum involving the jaw-bone. The patient could not sleep at all on account of pain. He came to Dr. Sircar early in the morning of November 23rd, and he mentioned that he had indulged in pomegranate and apple and pulp of palm-nut for some four or five days. Dr. Sircar prescribed Ars. i. gr. ss. and the patient reported next day that his suffering was relieved. On the 25th he went to bed, and on the 26th he was able to get up. The swelling subsided on the 27th and he was perfectly recovered. On the 28th he was able to attend his office.

Case 2. S—a medical man, aged 60, had severe inflammation of gum of the lower jaw on the left side, in the middle of October last. The inflammation involved bone and culminated in suppuration, and the pain of the whole of the left side of the jaw was so great that though averse to operation, he decided upon having the part lanced. But in the hope of averting the operation, he took a dose of *Silicea* 30, with which drug he himself had caused dispersion of gumboils in innumerable cases. The medicine was taken in the evening, and the pain and swelling increased to such a fearful extent that he had not a wink of sleep in the first part of the night. He had some sleep in the latter part of the night, and he awoke in the morning, with considerable subsidence of the pain and swelling, and he was well in a few days, though as the result of the action of *Silicea*, he had itching eruptions all over the body, from which he is still suffering. About fifteen days after, he had similar and perhaps severer inflammation of the gum of the upper jaw of the same side. For fear of aggravating his itching eruptions he could not think of *Silicea*, and he kept himself without medicine, though suffering severely for some days. One day the sufferer was so great that he was obliged to take

a grain of opium. This did not improve matters in the least. On the contrary his bowels became somewhat distended, and the pain increased so much that he writhed in agony till two o'clock after midnight, when he thought of counteracting the effects of opium by *Aux Vomica*, but before taking it he referred to the *Materna Medica* and found the following symptom exactly corresponding with his "Swelling of the gums of the size of a finger, with throbbing pain as in an abscess." He took one dose of the 6th and fell asleep in half an hour. He awoke nearly well in the morning. One more dose had nearly completed the cure, when he had the folly of taking a dose of the 3rd which brought back the symptoms for a short time, but he was well again in a day or two.

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**A complicated case of fever consisting of the cold stage alone; final recovery after a single dose of *Aranea diadema***

I was called to see Babu M. N. Dev, aged 24, at 11 Nardaram Nons Lane Sobha-Bazar, Calcutta on the 27th Dec. when I found him in the cold stage of fever. He had been ill for several days, and had taken several doses of medicine without effect. He was very weak, and his pulse was very small and frequent. He had no appetite, and his bowels were constipated. I gave him one dose of *Aranea diadema*, and he recovered in a few days.

Pectoris. The symptoms were: prickings in the heart, which used to rapidly increase in intensity, followed by violent palpitations, coldness of the extremities, unconsciousness, and convulsions. These used to be relieved by inhalations of nitrite of amyl, without which they did not show any tendency to abate. For the first six months the fits used to come on daily, sometimes twice a day. Sometimes the fits would occur during sleep. Besides nitrite of amyl inhalations during the fits, the doctors (old school) prescribed nitroglycerine, nitrite of soda, arsenic, and several other medicines in various combinations, for internal use. After six months, the fits used to come on every week for eight months, and after this period, for the last four months the fits used to come on occasionally from four times to once a month.

On the 18th Nov. last, while suffering from catarrh for four days, he bathed in the river in the forenoon to get rid of his cold sooner as he hoped, but began to be worse from the afternoon of that day, and got fever in the night. This fever used to come on every forenoon with chilliness, sometimes shivering, attended with coldness of the extremities. The temperature never rose high, but the attendant symptoms were very









vomiting when perspiration fails." I could not find any authority for this singular symptom, but as some of the cardiac symptoms of the drug corresponded with the symptoms from which the patient had been suffering for two and half years, and as the fever appeared with clock-work regularity at 11 A.M. I administered a dose of *Cact. 3x*. The medicine was retained, and the vomiting ceased at once. But the patient had not, however, that rest in the night which he had after *Pulsatilla*.

11th—Though the patient had no sleep in the night, he was free from retching and vomiting. A dose of *Cact. 3x* was repeated this morning. The fever, however, came on all the same at 11 A.M., with restlessness, cold feet, headache, &c., but without any retching and vomiting. No more medicine was given the whole of this day.

12th—Fever came on as usual at 11 A.M. I did not attend this day, but I learnt that the patient after the onset of the fever was very restless and had suddenly become insensible, and that inhalations of *Nitrite of Amyl* had to be had recourse to. He died at 12.30 P.M. on the 13th. Autopsy was performed on the 14th. The lungs were found to be congested and the heart enlarged.



of relief to the patient, indeed, may be said to have saved him from death which could not have been long delayed if the vomiting had remained unchecked for a day or two longer—was not followed by the removal of the whole disease from which the patient was suffering. After the removal of the retching and vomiting there remained symptoms which constituted an intermittent fever with one, the cold stage alone, which persisted and could only be removed by a drug which presented its *similimum*. Could *Atanea Diadema* have removed the whole disease if administered in the beginning? Nothing short of a parallel case treated with the drug from the beginning can answer this question.

### A Case of Mitral Regurgitation

*Reported by Dr. Ananta Lal Sircar, L.M.S.*

B—married Hindu lady, aged 23, nonpareous—an inhabitant of Katdu near Jahanabad, in the district of Hooghly. She is of dark complexion, of middling size, and neither too thin nor too fat. She stated that she was comparatively healthy and strong till she became a victim of the fell disease from which she was now suffering, the symptoms of which were as follows:—She was unable to perform her usual work, and was unable to walk, and was obliged to lie in bed, and to remain from



no medicine till the morning of the 19th, when she reported that she was almost the same. Spig 6 was again prescribed and continued till the 30th, when she reported herself better.

On the 1st May she had slight fever which gave way to *Ars. 12*. But this caused a little aggravation of the swelling and as there was no thirst *Apis 6* was prescribed, and continued till the 8th of June. Some benefit was derived, but this becoming stationary, *Apis 10* was substituted for *Apis 6*, and was continued till the 29th of June, with the result that the swelling of the limbs and the puffiness of the face went down a great deal, but the palpitation of the heart was almost in the same condition. Spig 6 was again given on the 29th June and continued till the 10th of August. She felt herself much better in every respect, except that the menses continued scanty and watery. Hence on the 11th Aug *Puls. 6* was given which was changed to 30th on the 14th and was continued till the 22nd.

From the 22nd Aug 1893 to the 25th of February 1894 she was kept under observation without medicine, but no alteration was made in the diet which consisted only of chapatis, mugh-dal and milk, rice being altogether prohibited. The patient improved steadily the heart sounds





of appetite, which gradually became less and less, and in fifteen days it came to be associated with the pain in the abdomen, for the relief of which the patient sought my help

On the first day, that is, on the 26th April, the pain was first felt in the morning; it passed off after the morning meal. It recurred in the afternoon at 3 P M., but was of lesser intensity and duration, lasting for an hour or so, and going off after eating something. The pain recurred every day with increased intensity twice as on the 1st day, for 4 or 5 days. Afterwards the pain used to come on after evening also, going off after supper. The pain was of a griping, twisting character. It used to start from below the umbilicus and diffuse itself up above to the epigastrium. It was not relieved by bending double or by pressure, but only by eating something. There was some constipation, and the urine was scanty and reddish in the morning, free and natural at other times. There was no thirst, no heart-burn.

When the patient first came to me on 1st May 1950, I, to whom he was referred. He came to me with a complaint of "feeling of fullness" in the upper abdomen, no vomiting, no weight loss, no improvement, and no relief from the use of the "Dietary" and "Laxative" which he had been taking for some time.



pathological lesions produced by drugs. Even if we had a perfect pathological *Materia Medica*, we could not dispense with symptoms. For several drugs may affect the same organs or the same parts of one or more organs. But their differentiation can only be effected by the difference of symptoms which develop under their action, the order of their appearance and the conditions of their aggravation and amelioration furnishing the differentiating characters

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### A Case of Meningitis with threatened Apoplexy

*Reported by Babu Banadi Prasad Das*

G. S., aged about 54 years, complexion fair, trunk corpulent with rather slender extremities, neck short and thick, was taken ill on the 1st January 1895. At 1 A.M., he complained of intense headache of a pricking character, an indefinite, uneasy sensation in his abdomen and sleeplessness. There was good deal of eructations; also great anguish of mind.

While at Jaunbazar (in Calcutta) he felt his first discomfort. This was a sensation of heat which was so very excessive that he had to put off his shirts and even to be fanned. Finding no relief and his anxiety having increased he caused a carriage to be brought to convey him to his house at Kolkatta. On his arrival he was attended by a physician who administered a large quantity of opium. On his recovery he was sent to the hospital on the right side of his



at about 4 P M. I gave *Lyc.* 6, and it had the desired effect. The first dose postponed the attack several hours, and the pain when it returned was very much less than before. There was return of mild attacks at irregular intervals from the 19th to the 24th. *Lyc.* 30 completed the cure.

### *Remarks*

The fact of the patient having exposed himself to the Sun, the premonitory symptoms, the attack of convulsion followed by snoring, almost stertorous sleep, led us at the time to apprehend an attack of apoplexy, which was averted by *Acon* and *Glon*. The persistence of intense headache, after the urgent symptoms were over, evidently pointed to the meninges as the seat of mischief, and *Bry.* at once checked the inflammation and brought the patient round in an unexpectedly short time. After a pause the headache assumed quite a different character, from being inflammatory it became neuralgic, due no doubt to gastric irritation, as was evidenced by the persistence of eructations which continued so late as the 14th of Jan. The selection of *Lycopodium* according to the time of aggravation was justified by the event

### Two Cases of Diarrhœa. Cured by Nat Sulph

Case 1—Mr W R., aged 63, was taken ill with diarrhœa from the morning of the 13th August last, which came on after a pretty heavy dinner which he had indulged in on the previous

day, notwithstanding that he was suffering from loss of appetite, costiveness, pains and aches in the chest, palpitations, &c., for some time. I was asked to treat him on the morning of the 19th. The stools would commence towards morning and stop after mid-day. They were thin, greyish, passed with noisy flatus, and about four or five in number. They were not very copious. There was continual rumbling of the abdomen. The patient had no appetite, felt feverish, languid and depressed. He described his palpitations as fearful. Occasionally he would get a stool or two at night but never in the afternoon.

The morning diarrhœa and the noisy flatus passed with the stool led me to prescribe *Natrium Sulph.* I gave the 6th decimal dilution, one drop for a dose, twice daily. He began to improve from the very first dose. He was nearly well in three days, and quite well in six days.

Case 2—Dr. . . . subject to colic and diarrhœa, was taken ill with his old complaint on the 20th August. He could not trace it to any dietetic irregularity, unless the slight turbidity of the drinking water owing to the rainy season be taken as such. The diarrhœa came on in the afternoon and continued which was of a twisting character and was present day and night,

was particularly bad after each stool. From about 4 P.M. to about 8 P.M., there were four or five stools each of which was liquid, yellowish, profuse, gushing, with much spluttering, followed by aggravation of colic which became more and more unbearable. In his previous attacks, which were characterized by stools of the same character, and occurring always in the afternoon, he had tried various Homœopathic remedies with no benefit. He therefore took, out of sheer despair and in expectation of immediate relief, 15 drops of laudanum. This, however, did not give him the relief he had expected, and he took 10 more drops after an hour. This had the effect of stopping the stools, and as a necessary consequence, of mitigating the colic. He woke in the morning to find that his colic had not altogether disappeared. It troubled him the whole day, and became aggravated again, but not so much as on the previous day, after a stool in the afternoon.

In this way he suffered till the 28th. He took no medicine on the 21st, 22nd and 23rd. On the morning of the 24th, having regard to the time of the aggravation of both the diarrhoea and the colic, from about 4 to about 9 P.M. he took a dose of *Lycopodium* with some benefit, the number of stools and the intensity of colic being less. This





of the latter in occurring later and after rising. The clinical evidence of the second case shows that the distinction is not invariable. So far as the present pathogenetic record goes, the diarrhoeal stools of Nat. S. are yellowish. The first case shows that Nat. S. can cure where the stools are greyish and not yellowish. Again, Nat. S. is credited with the symptom—relief of colic after stool, whereas the second case shows that there may be aggravation instead of relief of colic after stools, so that the former symptom would be no contra-indication for the use of the drug.

These cases forcibly point to the necessity of subjecting the existing *materia medica* to thorough reworking.

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### A Case of Night-Blindness, cured by Nux Vomica

In April last, when I was at Baidyanath Dham, Babulal, a servant of mine complained of night blindness. The blindness used to set in as soon as the sun used to set, and would continue till day-dawn when he could see again. There was no pain in the eye, nor any visible change in it. There was no other complaint. I could not trace it to any cause, except that after his morning work he used to go for his village about a couple of miles from where I was staying at night, and on his way back to his village he used to pass through a very dark place, and had to



26th—No Fever. Fits more frequent during sleep. Sil 12.

27th—No marked improvement. Cal: C. 3.

28th—From the day of the administration of the medicine the child began to improve, and a few days after information was received that he was doing well. The subsequent report, after a month, was that the child was cured.

### A Case of Neuralgic Toothache cured with *Plantago Major*

Babu Lal Madan Sanyal, of Doctor's Lane, Calcutta, Calcutta, aged 62, came to me in the afternoon of the 21st inst. for relief of a toothache from which he said he was suffering for 15 days. The seat of the pain was in the root of the last molar on the left side of the lower jaw, but the whole left side of the head suffered sympathetically. There was throbbing pain within the left ear which would get worse from the slightest touch. There was aggravation of the toothache and of all the other pains whenever cold or hot water was taken into the mouth. He has had all sorts of medicine internal and external without effect. I prescribed the tincture of *Plantago Major* externally and internally. There was



improvement noticed to-day. She began to vomit bilious stuff, greenish and bitter, quantity varying from 2 to 4 drachms. Up to noon she had 6 such vomitings. She had no thirst, but would ask for water to relieve the hiccough which was very frequent. The extremities were still cold, there was still no pulse. The same quantity of opium was again given to-day at 6 P.M.

23rd No stool the whole day. No urine. Pulseless. Still complaints of pain in the abdomen. Some tympanites. Severe hiccough. Gave some globules moistened with Tinct. Camph. At 5 P.M. there seemed to be a return of the pulse at the wrist. Opium was again given to-day, but an hour later, that is, at 7 P.M. There was no sleep at night, and delirium set in from 1 o'clock after midnight.

24th Pulse distinctly perceptible, 120. Temp 97. Low muttering delirium with stupor, from which she could be roused, and then she could answer questions sensibly. Puking of the red matter. Bell 4 in the morning. No stool. At 1 p.m. gave some more of the same. At 1 1/2 P.M. the hiccough less. At 2 P.M. gave 1 drachm of the same. At 3 P.M. gave 1 drachm of the same. At 4 P.M. gave 1 drachm of the same. At 5 P.M. gave 1 drachm of the same. At 6 P.M. gave 1 drachm of the same. At 7 P.M. gave 1 drachm of the same. At 8 P.M. gave 1 drachm of the same. At 9 P.M. gave 1 drachm of the same. At 10 P.M. gave 1 drachm of the same. At 11 P.M. gave 1 drachm of the same. At 12 P.M. gave 1 drachm of the same.



Having, in the recent epidemic of cholera in Calcutta, and also in this place, Baidyanath Dham, where I have come for a change, found Sulphur given in the beginning to act most beneficially in cases where the stools commence about midnight and are felt hot by the patient, I was going to administer this medicine to the patient almost as a matter of routine. But I was immediately reminded of the unscientific character of my procedure, and I therefore asked the patient if the stools that he was passing were felt by him to be hot. 'No,' he at once replied, and after a little reflexion, said 'on the contrary they are cold.' This made me desist from giving the Sulphur that I had in my hand. I had no recollection of any drug that has produced stools which are felt cold by the patient. I began to consult my repertories, and chiefly the Cypher Repertory. My search was fruitless regards the particular symptom which was the object of that search. But I stumbled upon one symptom which helped me. This was cold flatulence produced by *Conium*. Of course there was a vast difference between cold flatulence and cold stool. But still the former indicated the temperature of the parts through which the wind passed, and thinking that cold stool might indicate a similar condition I gave a





in particular, routine practice is most disastrous. I look upon the recent unfavourable results of the Homœopathic treatment of cholera in Calcutta and elsewhere, as due to this cause. Every case requires the strictest individualization, or bungling and failure must be the result. Every epidemic, if scrutinizingly studied, would be found to differ in some essential characters from previous epidemics. This is the reason why in one epidemic Camphor, in another Arsenic, in a third Veratrum, in a fourth Sulphur, &c., is found to succeed, and no other. It is absolutely necessary that the character of an epidemic, the *genus epidemicus*, as it is called, should be studied with care, in order that the work of prescribing may be both accurate and comparatively light. Of course it must be remembered, that this should not dispense with the study of each individual case in order to determine its own peculiarities, but the *genus epidemicus* having been ascertained, such study would be easier than it could otherwise be.

### Cases of Cholera

Case I.—Hem Chandri Datta, aged 16, was attacked with diarrhoea in the morning of the 1st June. The diarrhoea assumed the choleric form in the afternoon. Was treated by an old *medical* practitioner till 1 o'clock after midnight, when, adopting nothing as a Homœopathic practitioner was called. At 2 o'clock vomited Alb. 6



Abdomen painful to touch. No urine. Ars. 30.

8 P.M.—Patient restless and delirious; delirium of a furious character, eyes red. Stram. 6r. One dose was given at 10 P.M., another at 2 A.M. After the second dose patient slept quietly for 4 hours.

6th June, morning—Has passed several yellowish stools with a few drops of urine with each stool. Patient continues low. Stram. 6r at 8 A.M. Slept quietly for 4 hours up to noon. The sleep was so deep, that the patient's father thought we had given him a sleeping draught.

7th—Several stools with a few drops of urine at each stool.

At 3 P.M., made water about a poah (8 ounces). Patient low and drowsy. Opium 6, one dose. Slept well for 4 hours in the night.

8th—Stool and urine as yesterday, that is, frequent and scanty. Patient complains of great weakness and burning sensation all over the body, desires cold drinks, such as lemonade, coconut milk, &c. A. Phos. 6r, one dose at 7 P.M. another at 11 P.M. Diet, milk and barley. Slept well at night.

9th—Patient is gradually better. Complained of thirst, and was given lemonade and cooled for 6.442. 11th—Patient is better. After

this, stools became healthy and urine free. No medicine.

10th—In the afternoon there was slight rise of temperature which was 99.4. Diet, milk only. No medicine.

11th—Eruptions (miliary) appeared all over the body. Temp. at 4-30 P.M. 99.4. As the old school doctor had given Calomel, I ordered Sulph. 30, one dose.

12th—Eruptions the same. Temp. at 4-30 P.M. 99—less than yesterday. One more dose of Sulph. 30. Diet, wheaten hand-made bread.

13th—No more rise of temp. But eruptions just the same. Puls. 6, two doses.

14th—Eruptions better. Cont. Puls. 6.

He was all right in the course of a few days.

### Remarks

In this, as in many similar cases, in which the stools are hot and commence early in the morning, the beneficial effects of Sulphur in changing the aspect of the disease were well seen. But it could not complete the cure though in many other cases it would prove curative. Arsenic was also given, and often has been in the place of Sulphur, though it wonderfully overcomes the drowsiness, and promotes the free secretion of urine. It

which threatened to terminate life, in spite of improvement in the other symptoms, was successfully combated by Phosphoric Acid.

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Case 2—Upendra Nath Datta, age 24, in the same house with the patient mentioned above, and in fact a relation of his, was attacked with the disease on the 31st May. He began to have loose stools at noon, which became rice-water at 5 P.M.

I was consulted about him on the same day that I visited the other patient, namely, on the 4th June. He was being attended by the same Homœopathic practitioner, Babu Kunja Lall Mullick. From him I got the following report of the previous days' progress of the case and its treatment --

31st May, 8 P.M.—Stools rice-water like, copious, body cold, perspiring copiously. Thirst unappeasing. Stomach rejects every thing, even iced water. Pulse not perceptible at the wrist. Eyes sunk in the sockets. Voice husky. Cramps in the lower extremities. Ver. Alb. o and Cup. Acet. o in alternation.

1st June, 8 A.M.—Deep collapse. Acon. ix, 2 doses at intervals of 4 hours. Urine continues suppressed. Intense thirst. Burning sensation



at 2 A.M. After the second dose patient slept quietly for 4 hours

5th, 7 A.M.—Abdomen slightly distended I ordered a few globules saturated with Tincture of Camphor to be given occasionally.

Evening—Patient again delirious, eyes congested, sordes on the teeth, urine suppressed, difficulty of breathing, taking at intervals of about 5 minutes a deep and long breath. Apis 6, one dose at 10 P.M. Urine, an hour after the dose of Apis about 1 poah (8 ounces), again at 3 A.M. the same quantity. Slept quietly.

6th—No stool, but urine three times, about  $\frac{1}{2}$  poah (4 ounces) each time. Patient continues very low, drowsy, not answering when called. Opium 6, one dose.

7th—No stool, urine 5 times. Not so low, drowsiness less. Diet milk and barley.

Evening—Temperature rose to 100. Again very low; tip of tongue dry. Opium 6, one dose

8th—No stool, bed sores over the sacrum. Urine free Nux V 6, one drop. Diet, milk and barley.

Evening Temp rose to 100 Patient continues very weak Eyes same as before

9th—No stool for 90 hours Urging to stool, but ineffectual Feels very uneasy on account of





greater eagerness. The medicine was repeated.

I visited him again on the 10th at 11 A.M. I found him sleeping. I could feel the liver which was slightly enlarged. The stools were still of the same character, and 5 in number during day and night. I omitted *Arg. N.*, and gave some globules of *Nihilum* (Placebo).

12th—Report was brought to me to the effect that the number of stools has increased, being now 6 instead of 5 in 24 hours. They were more in day than in the night, frothy, and more diarrhoeaic than dysenteric, and still passed with flatus. *Ipec. 6x*, globules.

14th—No better. Stools of the same character. *Acalypha 3x*, globules. On the 20th report was that he was much better. Gave some *Nihilum* globules. I heard no more of him, from which I conclude he must have recovered, otherwise the father, who had great faith in me, would certainly have come to me.

### A Case of peculiar sequela of Influenza

Jotindra Mohan Chatterjee, a resident of Bhowanipur, aged 18, came to me on the morning of the 23rd inst (Aug) for a troublesome complaint from which he was suffering for three years after an attack of Influenza. The complaint

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## A Case of Measles with Pneumonia

REPORT BY DR. J. H. HARRIS, M.D., CHICAGO, ILL.

A Hindu boy, aged four years and three  
months, had been ill for 12 or 13 days. As a  
result of the illness, he was now in the stage  
of convalescence. At this time, he was  
suffering from pneumonia.

CHICAGO, ILL.

MAY 1, 1914

*Quin. sulph. during intermission.* The temperature rose up to 104° on that night. The next day (29th October) he was again given *Quin. sulph.* in 1 gr doses once in the afternoon and again at about 8 P.M. During the night the temperature remained normal, but it commenced to rise from the morning of the 30th instant. At 5 P.M. the temp. was 105·5°. On auscultation moist crepitations were heard at the base of the right lung, but there was no dulness present. Some crackles also could be heard here and there over both the lungs. He was given the following mixture

*Ammon Carb* gr i  
*Liqr Ammon Citratis* ℥ss  
*Spt aether nitrosi* m℥  
*Vin Ipecac* m℥ss  
*Syr Simp* m℥v  
*Aqua ad* ℥ii

Mix for one dose, a dose to be taken every three hours. Three doses of this mixture were given.

31st October, 6-30 A.M. Temp. came down to 101·5°. At about 9 A.M. Dr. Sircar was called in. The temp. was then 99°. no stool for two days. He prescribed *Nux V.* in four globules of which were given at once. At 11 A.M. had one watery stool. At 1 P.M. Temp. 101·4° 2-30



temp.  $102^{\circ}2$ , at 8-30 P.M.  $102^{\circ}4$ , at 10 P.M. 101 S, 2 globules of Phos. 6x.

3rd, 1 A.M.—Temp.  $101^{\circ}2$ , resp. 40. 6-30 A.M.—temp. 100, 2 globules of Phos. 6x. 9 A.M.—temp.  $100^{\circ}$ . No crepitation could be heard over the left lung. The right lung on percussion more resonant and the number of crepitations fewer. 10 A.M.—temp  $100^{\circ}4$ ; resp. 40. 1 P.M.—temp.  $99^{\circ}4$ . Appears much better, could sit up and play. Temp. at 4-30 P.M.  $99^{\circ}2$ , at 8 P.M. temp 99.

4th, 6-30 A.M.—Temp 97. The right lung almost perfectly clear, no more crepitations. Sibilant and sonorous rhonchi could be heard here and there over both the lungs. The cough was dry and distressing. No medicine.

5th, 6-30 A.M.—Temp. 98. Cough dry. 2 globules of Ipa. 6x. 7 P.M.—temp 98. 2 globules were again given.

6th—The cough easier. Since the first inst. the patient has had no stool, to-day he passed a copious healthy stool.

The patient steadily improved and is now Nov. 20 all right.

#### Remarks.

It is not unusual to find that the temperature of the body is not raised in the early stages of the disease, but that it rises later on.



and the diarrhoea from which he was suffering developed into cholera by midnight, with both vomiting and purging. Yesterday up to noon was under old school treatment. Since then has been under a Homoeopathic practitioner, who having left Calcutta, I was sent for. The symptoms at the time I visited were, thin, almost watery stools, but much less frequent than before; incessant nausea, and vomiting ten to fifteen minutes after drinking water which he was obliged to take often on account of the intense thirst; pulse barely perceptible at the wrist. Thinking this might be an aggravation of the Arsenic which he in all probability had received from the Homoeopathic practitioner, I gave him *Ipec. 6x* in globules, a few (3 or 4) to be given every hour. Report came to me at 10 P M. that he was better, the vomiting & purging becoming decidedly less. Sent

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The patient was a man of 40 years of age, a native of India, who had been in England for some years. He had been in the hospital for some time, and had been treated for some time. He had been in the hospital for some time, and had been treated for some time. He had been in the hospital for some time, and had been treated for some time.

### A Case of Empyema

Abdus Sami, 42, married, a native of India, was admitted to the hospital on the 17th September 1891. He was suffering from fever of the remittent type for the last 15 days, with exacerbation in the evening. There was much emaciation and considerable dyspnoea. On examination the left side of the chest was dull on percussion. There was just a slight respiratory murmur at the apex of the left lung. The costal spaces were as if they were filled up and most bulging as if from fluid pressure from within. There was much cough but no rales in either lung. Heart beats exaggerated and a considerable bulging of the precordial region. The right side of the chest was slightly dull on percussion.



skin, but no enlargement of the liver. Tongue slightly furred.

I diagnosed the case to be one of pleuritis of the left side with effusion filling up the whole of the pleural cavity, causing shrinking of the whole of the left lung, and probably also pericarditis with effusion. I gave *Bryo*. 2x.

29th Sept — Report was that the patient was better, fever and cough and dyspnoea were less. Continued *Bryo* 2x.

30th — Report was brought in the morning that the cough was worse, but in other respects much the same. Thinking the increase of cough was due to an aggravation of *Bryo*. 2x, gave *Bryo*. 4x.

2nd Oct — Report of strong fever yesterday. Sent *Acto* 2x.

4th — Fever less but cough worse. *Bryo* 6x.

8th — Patient brought in the morning. A swelling, about the size of a small orange with distinct fluctuation, was observed about 3 inches below left nipple. The dulness of left side was the same as before. Fever was less but cough not better. The swelling appeared to me to be due to a collection of fluid in the pleural cavity. I gave *Acto* 2x. The swelling disappeared in 24 hours. The patient was

and also to allay the cough which was very troublesome.

13th—Report came that the patient was better as respects the cough, otherwise much the same. Continued Sulph. 30.

14th—Patient's father reported that the swelling had increased and become more fluctuating. As my own health did not permit me to visit the patient at his house, and as I thought it too risky to bring him over to mine, I asked the father to have the swelling explored by a medical friend of mine who resides in his neighbourhood, and to make a small incision if there be pus.

17th—Report was that the swelling was explored and incised yesterday, as I had directed, with the result that about 4 pounds of pus had come out. Stopped medicine.

19th—Report that the discharge through the opening made is pure pus, and about  $\frac{1}{2}$  lb. daily. Patient feeling better. No medicine.

20th—Patient brought to me in the morning. The pus was freely discharging. A considerable opening had formed. The patient is now expected to recover.

continued till the 4th November, after which the improvement being stationary, I changed the dilution to the 30th centesimal which was continued till the 10th. But no further improvement following I again stopped all medicines.

18th Nov — Report was that the patient was almost the same, the slight fever hanging on still. Gave Sulph. 30. From this day improvement became rapid. The discharge ceased and the opening through which it was flowing healed up in a day or two. The fever and the cough disappeared in about a week. The appetite increased and there was great cry for more food than was allowed.

16th Dec — Patient brought this morning. I was glad to find him nearly all right, the fistulous opening quite healed, the respiration fully established in the upper and partially in the lower part of the affected lung though still frequent, being 28 in a minute the swelling over the precordial region quite gone. Continued Sulph., and ordered a bath to be given to-morrow.

21st Patient brought. Found him better still. Stopped all medicine.

#### Remarks

It is rather curious to see whether this was a case of suppurative pneumonia in the beginning, or of simple



have a fit of convulsion which lasted 4 hours, and was attended with vomiting, the vomited matters coming out even through the nose. On the following day, the 17th day after the fall, there was another fit of convulsion attended with vomiting. The child was better for 2 days after which he had a fit of convulsion again, but there was no vomiting this time, instead of which there was violent diarrhoeic motion just before this fit, or rather just as the fit commenced. The stools since passed are not diarrhoeic but hard and covered with whitish slime. Since the fall the child has become very timid and fearful. Prescribed *Alumina* 6

Jan 10—Child was brought in the morning. He was better, has had no more fit. Repeated the medicine

Feb. 2—Report by the father. No more fit, but had fever from the 17th to the 21st January which was cured by *Rll* 6. There is some timidity still. Give some unmedicated globules with instructions to bring the child again to school. The child was well for two months, but on the 14th took ill, after some vomiting and diarrhoea, and on the 15th it was worse. On the 16th it was still worse, and on the 17th it was, indeed



stiffness of the posterior muscles of the neck with most excruciating pains from the slightest movement. On inquiry I found that this was brought on by a bath in very cold water. There was a constant pain in the part which was described as of a throbbing character, but the pains that would come on from movement, however slight, to one side or the other, or forward or backward, were so torturing that the patient had to sit upright like a board without being able to rest her head upon a pillow, and thus had to pass two nights without a wink of sleep.

There was a temptation to try *Bryonia* from the aggravation from movement and from symptoms in its pathogenesis similar to those of the patient, but having regard to the cause I gave *Dukumizita*, and the result was remarkable. The medicine was given at 9 in the evening and the patient was better in half an hour.

11.00 P.M.      12.00 P.M.      1.00 P.M.

1.00 P.M.

2.00 P.M.

3.00 P.M.

4.00 P.M.

5.00 P.M.





Gummi Gutti 6x, a few doses (globules), in three days effected a complete recovery.

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**A Case of Psoriasis in a Parrot with  
Discolouration and Dropping Off of Feathers,  
cured by Arsenic**

A beautiful parrot of the Channana variety was caught about a year ago. It was apparently in full health. Its feathers were bright green with red streaks on the middle of the upper surface of the wings. It was put in a cage. After about a couple of months' confinement, it was noticed that feathers were dropping off, first from the breast, then from the wings and from the tail. Most of the downy feathers of the breast became white before dropping off. In the course of three or four months, the bird had lost so much of the feathers of the wings and of the tail that it was unable to fly, so during the day it was let out of the cage and allowed to walk about, and after nightfall was put in its cage again. Notwithstanding this, the bird continued to lose feathers and did not show any improvement. It was then treated with arsenic in the form of Fowler's solution, and in a few days the feathers began to grow again. The arsenic was continued for a few days more, and the bird recovered completely. The use of arsenic in this case was very successful.











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“पुष्प भिक्षु”



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